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Mental Health: Information, Libraries and Services to the Patient

PHYLLIS RUBINTON
Issue Editor

Library Trends

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Each issue is concerned with one aspect of librarianship. Each is planned with the assistance of an invited advisory editor. All articles are by invitation. Suggestions for future issues are welcomed and should be sent to the Managing Editor.

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CONTENTS

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Introduction

PHYLLIS RUBINTON

MENTAL HEALTH, WE ARE TOLD, is one of the major problems of our time. The summary of the President's Commission on Mental Health states: "The burden of mental illness in the United States...probably constitutes our primary public health issue. For the past few years, the most commonly used estimate is that at any one time, 10 percent of the population needs some form of mental health care....There is new evidence that this figure may be closer to 15 percent of the population [over 32 million people]."[1]

The thrust of the new Mental Health Systems Act is to improve mental health services, especially to the chronically mentally ill, children, adolescents, the elderly, and racial and ethnic minorities; to develop an Office of Prevention in the National Institute of Mental Health; and to enact the first provisions for rights, protection and advocacy for the mentally ill. The main weaknesses of the act lie in its limited funding and lack of strong enforcement measures in the rights and advocacy section.

Inherent in the findings of the president's commission and the law is the need for adequate information. The development, management and evaluation of mental health services require it. There is need for a flow of accurate, current, complete, and continuous data. How is this information to be passed along, and what resources exist for optimum access to knowledge that is available now? One significant method of providing information is through libraries. Libraries have been called "switching mechanisms," whereby information in one form or one

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place is transmitted in other forms to other places.[2] It is the librarian who manages the intelligent communication between information and user. And, as Brodman points out, "the single most important criterion of excellence in a medical school library was the caliber of the library staff."[3]

This issue of *Library Trends* is devoted to mental health information and will examine the "switching mechanisms" in this field—the mental health libraries and the state of mental health librarianship. It will look at some of the resources that do exist in the fields of computerized data bases, the law, mental retardation, audiovisuals, and history, and will also explore the role of the mental health librarian and the patient.

There has been substantial growth in the literature of mental health. For example, *The Comprehensive Textbook of Psychiatry* has grown from a one-volume work of 1628 pages in 1957 to three volumes of 3365 pages in 1980. Nemiah, in his introduction to this third edition, begins: "Modern psychiatry is a great, brawling metropolis, which has engulfed in its urban sprawl a host of arts and sciences. The courageous traveler...will find the thoroughfares thronged with scholars from a multitude of disciplines and crowded with artisans displaying a bewildering array of clinical skills."[4] Great skill is also needed to map pathways for the information seeker intelligently.

This is the first attempt to bring together in one journal issue a number of important topics in the mental health field. It was not possible to include all subjects, but a special effort was made to highlight important areas, coverage of which is not easily accesible elsewhere.

In the first paper, Mackler begins by defining what the mental health field encompasses. She traces the historical development of federal commissions and legislation leading up to the Mental Health Systems Act, and correctly notes that mental health libraries are not mentioned in any of the landmark mental health laws, and astonishingly, that no librarians were on the full-time or voluntary staff of the latest president's commission or on any of the task force panels. The types of mental health libraries in the United States and their settings are then described. This is followed by an examination of mental health librarianship: education, training, professional organizations, and new roles. The outlook in the field during a period of limited financial resources will depend on the strength of the group's members in cooperation with each other and the ingenuity and forcefulness they use in presenting their needs to overcome the threat of retrenchment.

"On-Line Searching in Psychiatry" is a careful and complete description of data bases and the terms used and techniques needed to do computer searches in the mental health field. Reviewing the four main data bases, *Psychological Abstracts* (PsycINFO), *National Clearinghouse for Mental Health Information* (NCMHI), *Social Sciences Citation Index* (Social SciSearch), and *Index Medicus* (MEDLINE), Epstein clearly delineates for each one of the subject matter covered, timeliness, and cost, and then critiques their strengths and weaknesses. More specialized bases such as Bioethicsline and the Lithium Librarian are also described, and review articles that have evaluated the various data bases are discussed. What clearly emerges for the reader is some direction as to where to initiate a search and how to better understand the overall options available in computer searching.

In the next two chapters two psychiastrists and a psychologist share their special expertise on important topics. Weinstein addresses the problem of "Mental Health and the Law." In today's society so conscious of legal rights and remedies, the legal system is having more and more effect on mental health professionals and the mentally ill themselves. The disciplines of law, medicine and psychology are clearly defined and illustrated, and the multidisciplinary characteristics of the field explored. This is followed by a valuable historical summary of legal issues in mental health. Many difficult terms are explained, diagnostic categories of legal significance are given, and their importance is put into perspective. The author reviews the available literature—both books and journals—and mentions three specialized law libraries for further reference. This is a lucid and valuable contribution in a difficult and expanding area.

In a bibliographic essay, Strider and Menolascino trace the development in the field of mental retardation. The authors are well-known for their work and writings on this subject. This is an annotated, evaluative guide and discussion of the literature on the history of mental retardation and its causes, prevention and treatment. Also covered are the education and rights of the mentally retarded. At a time when the mentally retarded are being moved back into the community as a result of changing attitudes toward their treatment, it is important to have access to the most current and authoritative literature indicating how the community-based mentally retarded can best be managed.

In her comprehensive discussion of audiovisuals, Kenney first considers the special advantages of this media, especially videotapes, in mental health. The capability and usefulness of audiovisuals has grown enormously in the training and research of mental health professionals

and in patient treatment and education. The author examines the resources available to find material, and appends a comprehensive annotated list of media sources. She reviews methods of acquiring, evaluating, cataloging, indexing, and storing audiovisuals. The important issues of patients' rights and copyright also are considered.

Awareness of the need for historical perspective has prompted all the authors in this issue to consider the past as well as the present in their chapters. It is with this understanding of the importance of history that Mylenki describes significant libraries with historical material—books, journals, archives, manuscripts, and oral histories—in psychiatry and psychoanalysis. Within these libraries, there are special subject collections, such as witchcraft and mesmerism; letters and unpublished papers, such as correspondence between Freud and Simmel; early hospital reports; and an extensive dissertation collection. The author details the specialties and notes whether services such as photocopying and interlibrary lending are available in each library.

The last two articles explore methods of working directly with the patient. Russell approaches patient education for the mentally ill from the rehabilitation model: preparing the patient to go back into the community. There is an important distinction to be made between patient information, which involves directing someone to material without interpretation or counseling, and patient education, which implies an active effort to change the behavior of an individual. In both cases the material should be authoritative, honest and balanced. It must also be appropriate for the audience for whom it is intended so that it can be understood properly by the patient. The patient education program which Russell describes is administered under the Rehabilitation Services Department of McLean Hospital in Boston. The author discusses some of the most useful material in this collection, relates personal experiences with the patients, and includes commentaries from the staff, including the hospital director, about the program. These latter are particularly interesting, because an encouraging attitude is evident but points of controversy also are honestly conveyed.

Elser's personal reminiscences of her bibliotherapy program in a state hospital concludes the issue. State hospitals have been an important part of the mental health movement in this country. This article provides a look at a bibliotherapist who started working in the field before the policy of deinstitutionalization went into effect and continued during the transitional period. There is a live and warm quality to the author's description of work with groups of troubled adolescents and fearful elderly patients. We feel the personal qualities of interest and

honesty that are necessary in order to be a successful bibliotherapist. The settings, as Elser points out, may be changing, but the needs and potential of using literature in a therapeutic way with the patient remain, and can easily be transferred to new settings such as nursing homes and public libraries.

As issue editor, I would like to express my thanks to the contributors, whose informative articles collectively provide a comprehensive overview of relevant and important mental health information.

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The Mental Health Librarian: A Member of the Team

LEONA MACKLER

THIS PAPER WILL REVIEW current practices and emerging trends in mental health librarianship as they have developed with the growth of the mental health field. Mental health librarians are defined here as professionals who provide library service in both public and private mental health and/or health sciences institutions, agencies and organizations. The mental health field is here considered as the totality of the subject. The mental health system relates to the provision of services. "The challenge of providing quality care for the mentally ill is a major public health and social policy issue. The evolving design and structure of the mental health system results from the complex interplay of an array of political, social, fiscal, and professional forces."[1]

The Mental Health Field

The mental health field is multidisciplinary. It encompasses both psychiatry—a specialty of medicine—and the behavioral sciences, which include psychology, sociology, anthropology, political science, and economics. Ilse Bry brilliantly recognized the dilemma confronting the classifier of mental health when she wrote:

> Those who are developing a science of behavior, however, must cross boundaries intended to separate, not to link great realms of knowledge.
>
> In our universities, for example, departments of psychology and of psychiatry are separate administrative units, conferring different aca-

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> demic degrees, and often physically miles apart, one being located on the main campus, the other in the medical school, which may even be in another city. Their literature and library resources are organized within the same framework that divided Philosophy from Medicine. This background creates a special problem for bibliographic and library services in "psychology-psychiatry," as the nucleus of the "behavioral sciences" is sometimes called....
>
> There has been no more place for mental health than for the behavioral sciences on any existing map of the organization of knowledge. Thus in administrative arrangements, [it has been shifted] from the social sciences, the life sciences, or psychology, to medicine, psychiatry, or public health.[2]

There are no universally accepted definitions for mental health or illness. Campbell defines "health, mental" in his first definition as "mental hygiene, in which sense mental health is a field [of endeavor] based on [knowledge contributed by] the *behavioral sciences* (q.v.) and amplified with scientific, professional, and social applications."[3] It is the second definition that discusses psychologic well-being or adequate adjustment as it "conforms to community accepted standards of human relations." *The Diagnostic and Statistical Manual of Mental Disorders* states, "Although this manual provides a classification of mental disorders there is no satisfactory definition that specifies precise boundaries for the concept 'mental disorder' (also true for such concepts as physical disorder and mental and physical health)."[4] The term *mental health* is sometimes loosely applied to cover the areas both of prevention and treatment of mental illness. According to Forgays, "The scope of the mental health field extends beyond exclusive concern with the psychiatrically ill and the emotionally disturbed into virtually all areas of human behavior."[5]

A major study conducted by Regier et al. to determine the prevalence of mental disorders and where the identified mentally ill are being treated revealed that, conservatively, at least 15 percent of the population per year (31,955,000 persons in 1975) is affected by mental disorders.[6] Four major sectors in the mental health and general health services system were identified: the specialty mental health sector, the general hospital inpatient/nursing home sector, the primary care/outpatient medical sector, and the not-in-treatment/other human services sector. In 1975, 21 percent (3.1 percent of the total population) were served in the specialty mental health sector, while more than 9 percent of the population were treated in the primary care sector. Thus mental disorder represents a major U.S. health problem which cannot be managed solely in the specialty mental health sector. This finding has

important implications for collection developers in general health sciences libraries.

Although publicly supported hospitals have existed for more than 150 years, it is only in the past 35 years that public pressure to address the problem of the mentally ill led to the passage of federal legislation. The National Mental Health Act signed by President Harry S. Truman in 1946 created the National Institute of Mental Health (NIMH), the federal agency charged with setting national policy for research and training. The 1955 Health Study Act created the Joint Commission on Mental Illness and Health, whose landmark report proposed recommendations for a national mental health program.[7] The signing of the Community Mental Health Centers Act (CMHC) in 1963 by President John F. Kennedy heralded a "bold new approach" for improved care and treatment of the mentally ill and mentally retarded through community mental health services and facilities rather than in distant custodial institutions.[8] Subsequent legislation added new construction and staffing grants. By September 1978, 701 federally funded community mental health centers were operational.[9] These centers are charged with providing partial and full hospitalization and crisis intervention. Community-based facilities were also established under legislation to provide treatment for people suffering from alcoholism and drug abuse.

Efforts to address the problem of mental illness continued. The President's Commission on Mental Health published its comprehensive findings in 1978,[10] one year after President Carter assumed office. The report, referring to the pervasiveness of mental illness, formed the basis for the Mental Health Systems Act passed in October 1980. This act, Public Law 96-398, extended the Community Mental Health Centers Act through September 1981.[11] It also targeted underserved and unserved populations: the chronically mentally ill, severely disturbed children and adolescents, the elderly, racial and ethnic minorities, women, and rural residents. The law contains provisions for giving the states greater authority in the administration of funds for the mentally ill through block grants and for linkage between health care systems and personnel. It created a unit for the *prevention* of mental illness and the promotion of mental health within the NIMH. This attention to prevention is an historic event. Implementation of the law will, of course, depend on economic and political conditions.

Mental Health Libraries

The universe of mental health libraries has yet to be explored. It remains an uncharted constellation in the galaxy of health sciences

libraries. The *Mental Health Directory, 1977* lists approximately 3495 facilities serving the mentally ill.[12] However, no separate mental health libraries directory has been published to identify the hundreds of mental health librarians and their support staffs and where they serve mental health care personnel, the primary library users considered in this paper.

Mental health librarians serve in a variety of settings: in the libraries of federal and state mental institutions and of private psychiatric hospitals, in federal and state mental health agencies, in professional societies and associations, in psychiatric departments of medical schools and university research institutes, in various psychoanalytic societies and training institutes (not all of which are affiliated with the American Psychoanalytic Association), in community mental health centers, and in mental retardation or developmental disabilities centers. Comparable to the patterns in general health sciences libraries, a larger number of librarians are to be found in mental hospitals than in other types of mental health institutions. However, not every state hospital has a library, and not every library is staffed by a professional librarian.

Education, Training, Manpower

Preparation for mental health librarianship usually begins with a bachelor's degree and an interest in the subject. How candidates acquire subject competence varies. Some earn a bachelor's or master's degree in psychology, or acquire a broad background in the social sciences. In 1965, Strauss urged medical librarians to get some training in the social sciences. He pointed out that sociologists and anthropologists who fund work in hospitals and medical schools entered through departments of psychiatry.[13]

O'Mara, late chief librarian of the Library of the Western Psychiatric Institute and Clinic, and adjunct professor of bibliography in the Department of Psychiatry, School of Medicine, University of Pittsburgh, in 1964 called for the establishment of a new curriculum for the education of "psychiatric information specialists."[14] His program required three years of formal instruction at the graduate level. The subjects included neurophysiology, neurochemistry, psychopharmacology, psychoanalytic theory, general psychiatry, social and forensic psychiatry, the history of psychiatry and the behavioral sciences, and theories of psychopathology. He also articulated the need for formal courses in identification and proper utilization of bibliographies and other research tools, since data banks were not retrospective in scope.

In 1965 Wooten and Easterling described a unique pilot project in preprofessional training for mental health librarianship at Central Louisiana State Hospital.[15] This project was designed to help solve the problem of recruitment and training of competent personnel. After completion of the training program, the state would pay the library school tuition in exchange for eighteen months of library service on the hospital staff following graduation. The course objective states: "An introduction to the library as it operates in the hospital setting through a survey of the mental health sciences and the needs for library resources and services, with special emphasis upon the librarian as a member of the hospital team."[16] One librarian was trained through this plan at the University of Illinois Graduate School of Library and Information Science in 1965. Unfortunately, neither of these historic proposals for training was developed for the profession.

According to Hanke and Benzer, the scarcity of trained entry-level medical librarians ended with the incorporation of medical library and bibliography courses in the curricula of many library schools.[17] They suggested that the present need is to train experienced librarians in techniques of management and administration. Who speaks for mental health librarians? A coordinated manpower program is needed for the recruitment and training of mental health librarians. Perhaps in its assessment of need for training programs in health sciences librarianship, the National Library of Medicine (NLM) will consider the manpower needs of mental health libraries.

To find relevant mental health courses offered in library schools, the writer sent a letter of inquiry in November 1980 to the sixty-two ALA graduate library schools in the United States (approved as of October 1980). This elicited forty-eight reponses, a 77 percent return. Twenty-six schools (42 percent) offer courses in biomedical or health sciences librarianship. Eleven schools (17 percent) offer a unit of some aspect of mental health librarianship or resources within the context of courses in medical librarianship, biomedical communication, or special libraries: University of Arizona (offered in fall 1981), UCLA, Columbia, University of Illinois at Urbana-Champaign, Louisiana State University, North Carolina Central University, University of Pittsburgh, North Texas State University, San Jose State University, Texas Woman's University, and the University of Texas at Austin.

One library school in the country offers a course in mental health. The School of Library and Information Science at the University of Pittsburgh has been offering a three-credit course, "Resources in Mental Health," since 1979. This course, taught by Lucile S. Stark and Barbara

Epstein of Western Psychiatric Institute, includes collection development, reference tools in the behavioral sciences, psychoanalysis and history of psychiatry, social work, drug abuse and alcoholism, testing, liaison-medicine, clinical librarianship in the psychiatric setting, patient education and patient libraries, audiovisuals, and grants.[18]

For the most part, professional training occurs on the job. Thus, both entry-level and other librarians entering the field spend from six months to a year becoming familiar with the subject and learning the specialized reference tools and information resources. Internships or work-study programs analogous to those offered by the NLM generally have not been available to persons interested in working in mental health libraries. The University of Pittsburgh School of Library and Information Science might consider a work-study program with Western Psychiatric Institute, like that which Case Western Reserve developed with the Cleveland Health Sciences Library in its medical librarianship program. Library schools offering health sciences courses might consider appropriate field placements for students interested in mental health.

Both the novice and experienced librarian must look to continuing education for continued growth and development. According to Elizabeth Stone:

> The objective of continuing education is the specific enhancement of the competence of the individual as a practitioner....However, viewed on a broader level...continuing education encompasses...the shared responsibility, the cooperation, and the interaction of at least seven relevant groups—the employing institutions, academic institutions, professional associations, state library agencies, relevant federal agencies, individual practitioners in libraries, and users of library services."[19]

The areas of responsibility are clearly defined between the Medical Library Association (MLA) and the Regional Medical Libraries (RMLs). "MLA concentrates on CE for professional librarians, while RMLs emphasize training for library personnel without a formal background in library and information sciences."[20]

The MLA has sponsored two continuing education courses prepared by members of the Mental Health Librarians Section. CE-27, *The Literature of Mental Health,* first appeared in 1977 as a committee effort.[21] It is geared toward both entry-level librarians and generalists who want specific subject information. However, experienced librarians have also taken the course to update their knowledge. The course is now being revised. CE-64, *Online Searching in Psychiatry,* developed

by Barbara Epstein of Western Psychiatric Institute and Clinic Library, made its debut in Montreal in 1981.[22] This is intended to acquaint librarians who have online searching experience in the National Library of Medicine data bases with techniques of searching the literature of psychiatry. It examines the *American Psychiatric Association's Diagnostic and Statistical Manual* (DSM-III) as it relates to Medical Subject Headings (MeSH).[23] Approved continuing education courses are taught at annual meetings of MLA and in various regions throughout the country during the year.

The writer surveyed the eleven RMLs in November 1980 to determine the scope of continuing education activity through that group's support of workshops or seminars, and received a 100 percent response. Major activity occurred in Region XI, the Pacific Southwest Regional Medical Library Service (PSRMLS). PSRMLS had developed a workshop on mental health literature in 1975 that was offered six times during 1976-80. The workshops were taught by full-time staff members of PSRMLS's Consulting and Training Section. However, PSRMLS does not anticipate offering this again now that the MLA sponsors continuing education courses in these specialized subjects.[24]

A letter sent to the fifty state departments of mental health in March 1981 to ascertain the number of mental health libraries and the status of mental health librarians brought forty-three replies or an 86 percent response. Four questions were asked: Does the State Department of Mental Health have its own library? If so, is it staffed by a librarian with an MLS degree? Does the State Department of Mental Health sponsor any continuing education workshops or seminars for librarians working in state mental health agencies or state institutions? Is there an organization of mental health librarians in the state?

Table 1 shows that eighteen states (42 percent) have department of mental health libraries; nine states (21 percent) share interdepartmental libraries or operate out of the libraries of nearby state hospitals (South Dakota uses the State Library); 16 states (37 percent) employ MLS librarians to head their department libraries; eight states (19 percent) sponsor continuing education workshops or seminars—or sponsor travel to workshops; and eleven states (26 percent) have informal groups of mental health librarians participating in consortia or attending continuing education courses through state or regional MLA groups. Twelve states (28 percent) reported having no mental health library services of any kind at the administrative level (although some of their state hospitals may employ MLS librarians): Alaska, Colorado, Idaho, Kentucky, Missouri, New Hampshire, New Jersey, South Dakota, Tennessee, Utah, Washington, and Wyoming.

TABLE 1
Activities of State Mental Health Librarians

State	State Dept. Mental Health Library	Library Shared with other Agcy./St. Hosp.	MLS Librarian	State Sponsored CE	State Librarians Organized
Alabama	X				
Alaska†					
Arizona		X	X		
Arkansas	X				
California		X			
Colorado†					
Connecticut**		X	X		X
Delaware		X	X		
Florida		X	X		
Georgia**			X		X
Hawaii		X	X		
Idaho†					
Illinois				X	X
Indiana				X	
Iowa	X		X	X	
Kansas	X		X		X
Kentucky†					
Louisiana	X				
Maine		X	X	X	X
Maryland*				X	
Massachusetts	X		X		X
Michigan	X		X		X
Minnesota	X		X	X	X
Mississippi	X				
Missouri†					
Montana	X				
Nebraska*					
Nevada*					
New Hampshire†					
New Jersey†					
New Mexico*					
New York	X		X		X
North Carolina*					
North Dakota*					
Ohio				X	
Oklahoma	X				
Oregon	X				
Pennsylvania*					
Rhode Island	X		X		
South Carolina	X		X	X	X
South Dakota†		X			
Tennessee†					
Texas	X			X	X
Utah†					
Vermont		X			
Virginia	X				
Washington†					
West Virginia**					
Wisconsin	X		X		
Wyoming†					

* = no reply
† = no library services reported
** = each institution has its own library

The movement toward decentralization evidenced by the Mental Health Systems Act clearly demonstrates the need for strong leadership at the state level. State libraries through their consultants can provide expertise to state departments of mental health by helping to organize needed libraries, by informing interested mental health departments about the resources and programs of the regional medical libraries, by inviting library schools to help solve problems through class projects, and by providing opportunities for continuing education for those single-person staff librarians in state mental hospitals who are unable to travel to professional meetings. However, until state legislatures provide for the funding of libraries in state institutions, the status quo will prevail.

Professional Status and Standards

Zachert states that "professionalism" has been the most pervasive value of medical librarians during most of the past century.[25] She also found other values in the literature: cooperation, a sense of community with health sciences practitioners, and knowledge orientation, or knowledge gained through scientific study. There are six characteristics based on Moore's "scale of professionalism": full-time occupation, the professional's commitment to a calling, organization, specialized education, service orientation, and autonomy.

While mental health libraries have increased and developed during the past several decades, it is noteworthy that they are not mentioned in the 1946, 1955, 1963, or 1978 landmark mental health laws. Jeremiah O'Mara, then librarian of the American Psychiatric Association, spoke at the fall meeting of the Joint Commission on Mental Health and Illness in 1962. The psychiatric librarians were requesting standards for accreditation in their libraries.[26] Sixteen years later, no librarian was included on the task panels of the President's Commission on Mental Health. The commission's report contains no index term for libraries.

A search of the major indexes basic to the mental health field reveals no terms or headings for psychiatric or mental health libraries. One will find nine subject headings relating to libraries in the *Cumulated Index Medicus*, 1980.[27] These include "Libraries, Hospital" and "Libraries, Medical." The January-June 1980 cumulation of *Psychological Abstracts* contains a cross-reference for "Libraries (School)" to the heading "School Libraries." This heading has appeared since 1973; as of May 1980 it received thirty-two postings.[28] *The Chicago Psychoanalytic Literature Index* cumulation for 1979 contains the index term

"psychoanalytic libraries."[29] A computer search in February 1981 of the current file of MEDLINE and its backfile to 1966 using the terms "library services," "mental health" and "hospitals, psychiatric" produced thirty citations. *Library Science: A Dissertation Bibliography* lists no titles on mental health librarianship.[30] The subject awaits study by a doctoral candidate. That comparatively so little has been written by librarians about mental health libraries may partly be attributed to the single librarian/no clerk staffing policy prevalent in so many mental health institutions across the land.

Without strong standards for libraries in mental health facilities, professional staff and service delivery will suffer. A comparison of the *Accreditation Manual for Psychiatric Facilities* of 1972[31] with the *Consolidated Standards Manual* of JCAH (1981)[32] shows a marked deterioration in standards for libraries. The 1981 standards no longer include the 1972 provisions that called for reference service, document delivery and audiovisuals. Further, the 1972 manual stated: "There should be evidence of a continuing effort to study the psychiatric facility's need for professional library services and to ascertain that provisions exist for such services. These studies should result in the development of short- and long-term goals, the support of a realistic annual budget, and recommendations for the addition and deletion of books, journals and audio-visual materials."[33] The Joint Commission on Accreditation of Hospitals has no librarian consultant. A national committee representing librarians, administrators and the medical profession is needed to address the problem. Promulgation and implementation of meaningful standards in mental health libraries are long overdue.

Professional Organizations

Mental health librarians belong to several professional library organizations. There is no single umbrella organization composed solely of mental health librarians. Paralleling the advances of the mental health movement, two groups appeared in the 1960s. The Society of Mental Health Librarians was founded in September 1964 at the 16th Mental Hospital Institute following a round table discussion of librarians, administrators and psychiatrists on the subject of psychiatric librarians and the information explosion. It was at this landmark meeting that Dr. Walter E. Barton, then Medical Director of the American Psychiatric Association, expressed the interest "of the Association in working with psychiatric librarians on solutions to mutual problems, and offered them Association leadership and support within the

framework of the Mental Health Institute."[34] The society has been meeting annually as an affiliated group at the Hospital and Community Psychiatry Institutes concurrently with other professional groups. The annual meetings offer continuing education through in-depth seminars and feature prominent speakers. In 1980 the group elected to change its name to the Association of Mental Health Librarians.

The second major group is the Mental Health Librarians Section, which organized and joined MLA as a special interest group in 1965. This section publishes a newsletter, the *Mental Health Librarians Communicator*. Activities center on establishing standards for mental health libraries, maintaining continuing education courses offered by MLA, publishing a directory of libraries, and producing a survey.

Comparison of the bylaws of both groups reveals similar objectives. Both discuss standards for training and improved library service. Many librarians belong to both groups; many, however, cannot attend two major national meetings a year, sometimes located at opposite ends of the country. The annual MLA meeting is held early in June; the Hospital and Community Psychiatry Institute meets in the fall.

Another group is the psychoanalytic librarians. Eighteen psychoanalytic societies and training institutions affiliated with the American Psychoanalytic Association were counted in a survey of health sciences libraries in 1969.[35] They accounted for 0.6 percent of libraries, and held an average number of 3165 bound volumes and 111 serials. For inclusion in the survey, libraries had to satisfy at least two of three criteria: a minimum of 500 bound volumes, a minimum of 25 current serial subscriptions, or some designated staff to administer the collection. The collections are small because: analytic "training institutes were not usually committed to maintaining comprehensive collections of general psychiatric materials. The core literature of psychoanalysis is not extensive in comparison with that of other specialties...."[36]

The Consortium of Psychoanalytic Libraries was established in 1971. It meets at the annual meetings of the American Psychoanalytic Association, conducts workshops, and exchanges "want" lists. A current project of the consortium is the acquisition of a computer terminal, to be based in Chicago. "Having its own computer is the final step in a program begun over 10 years ago when the consortium was started to encourage a team approach toward building a network of psychoanalytic libraries in the U.S."[37] The Chicago, New York and Topeka psychoanalytic institutes employ full-time professional librarians.

Other major library organizations with similar subject-related groups are functioning. Organized under the aegis of the American

Library Association, the Education and Behavioral Sciences Section has a permanent active Psychology/Psychiatry Committee. The American Society for Information Science (ASIS) has a special interest group (SIG) of Behavioral and Social Sciences. It, too, produces a newsletter. The Social Sciences Division of the Special Libraries Association (SLA) includes a Section on Social and Human Services. Prior to 1980 this was called the Social Welfare Section.

The newest group, the Substance Abuse Librarians and Information Specialists (SALIS), held its first meeting in October 1978. Within three years, the group was proposing networking or resource sharing. SALIS has fifty members; ten are from foreign countries. Most members are in institutions relating to research and prevention; only a few are employed in clinical settings. The group has produced a directory and publishes *SALIS News*.

Such splintering or fragmentation results in a dilution of the efforts of mental health librarians to establish and project an effective group identity. Activities focused solely on annual meetings may result in diminished participation in the organization. If these related groups were to merge and ally themselves with an already established association, they would have a greater group identity and more clout. If the groups met locally during the year, either regionally or within the state, members would not have so far to travel. They would have a greater feeling of group participation and could achieve goals more easily. Their group identity would be enhanced.

In the literature area, a relatively recent journal geared to mental health librarians in academic and clinical settings is the *Behavioral and Social Sciences Librarian*. Cross-disciplinary in scope, the journal is indexed in *Excerpta Medica, Social Work Research & Abstracts* and *Library Literature*.

The Library Collection

Basic to all libraries is a collection development policy manual. The manual includes a statement of the goals and objectives of the library, which in turn reflects the aims and purpose of the parent institution. Sources for examples of manuals are regional medical libraries or state library agencies. A comprehensive and succinct manual is that developed by Hesslein at the State University of New York at Buffalo.[38] While it was developed for a large medical school, its structure can be extrapolated for mental health libraries. The purpose, coverage, selection guidelines by form or type of material, and selection

guidelines by subject are clearly spelled out. In all libraries it is essential that the collection be geared to quality and user needs rather than quantity and basic lists alone.[39] Programs, curricula, purpose of the organization and budget, type and levels of education of staff, clinical programs, research activities, types of patients—all help determine the library collection. Of course, it is important also to have competent professional librarians to ensure proper development and use of the collection.

In a thoughtful and insightful paper, "Materials and Collections," Hinseth presents the following comments on selection in mental hospitals:

> These institutions may have selection problems which cover the print materials waterfront, even though they may be considered highly specialized and out of the mainstream by those who relegate the whole concept of mental illness to the "boonies" (as society did physically not so long ago). Physical illness among the mentally ill, especially among the aged, means that the librarian may have to pay attention to the...biomedical network as much as many acute-care hospital librarians....
>
> Selection...requires a day-to-day, high level of professional skill in...itself and in interlibrary relations. The MLA Mental Health Librarians Interest Group has prepared a "Literature of Mental Health" CE course. Its syllabus...constitutes an extensive bibliography useful as a selection tool, and the annotations in the instructor's manual which are given in the course itself are even more helpful. ...Far from being able to survive in isolation with an esoteric collection, the mental hospital librarian may really need a part of everyone's action—and may be able to make a unique contribution in more than one place in his/her surrounding area.[40]

Mental health libraries must be prepared to meet the information needs of postdoctoral researchers, clinicians, faculty, and students who range in education and training from paraprofessional or technician levels to psychology doctoral interns to practicing psychiatrists, clinical psychologists and psychiatric social workers. Other members of the team may be psychiatric nurses, clergymen, psychopharmacologists, and activity therapists.

Subject areas for collections may include: administration, aging, alcoholism, anthropology, borderline personality disorder, child abuse, child development and child psychiatry, community mental health, crime and delinquency, crisis intervention and suicide prevention, deinstitutionalization, depression, developmental disabilities, diagnosis, divorce, drugs and drug abuse, epidemiology, family therapy, forensic psychiatry, genetics, group therapy, hospitalization, individual therapy, liaison psychiatry, marriage, neuroanatomy, neurology, neuro-

physiology, psychoanalysis, psychology, psychiatry, psychopharmacology, rehabilitation, research, schizophrenia (among a myriad of mental disorders), sexuality, sheltered workshops, social casework, social problems, statistics, technology, training, transcultural psychiatry, treatment of minorities, vocational adjustment, and others.

A few select resources available for selection and collection development include one written by a librarian—Greenberg's *How to Find Out in Psychiatry: A Guide to Sources of Mental Health Information.*[41] This is a scholarly, comprehensive, well-annotated bibliography that discusses primary and secondary sources of information and basic reference tools. Another title, a bit outdated in some areas, is *Guide to the Literature of Psychiatry*[42] by Bernice Ennis, a psychiatrist. While the core list of literature for mental health has not yet been compiled, Woods et al. disseminated a core list of "Basic Psychiatry Literature" in two parts in 1968.[43] This came from the recommended reading lists of 140 three-year approved residency training programs. From 3932 verifiable articles, 307 "most recommended" papers were identified. The authors concluded that "the purchase of a relatively few works will enable a small library to obtain a significant amount of the basic material in psychiatry."[44] A list compiled today would have new subject areas added.

One of the best sources for bibliographies has been the National Clearinghouse for Mental Health Information (NCMHI). This is a national center for the collection, storage and dissemination of scientific information in mental health. The clearinghouse has three component parts: (1) the mental health library; (2) a unique data base of 400,000 abstracts (covering research reports, child mental health, neurosciences, psychopharmacology, biochemistry, services, family mental health, manpower and training, schizophrenia, and affective disorders); and (3) the public inquiries section. The clearinghouse has regularly mailed the library's acquisitions list to more than 300 institutions and has provided interlibrary loan service. Through the provision of searches it has also provided support to those small libraries without computer terminals; it has sent on request free copies of NIMH publications, such as *Abstracts of the Standard Edition of Freud, Abstracts of the Psychoanalytic Study of the Child,* and *Bibliography on Racism.* As of this writing the future of the library and the data base is uncertain.

Many of the professional organizations are also good sources for bibliographies, including the American Psychiatric Association and the Amerian Psychological Association—particularly its Journal Supplement Abstract Service (JSAS), *Catalog of Selected Documents in Psy-*

chology. One can purchase bibliographies cited from abstracts in the catalog. This service is similar to that of ERIC in providing ephemera; it can be used as a selection tool.

The National Association of Social Workers publishes *Social Work Research and Abstracts*. The single journal devoted exclusively to book reviews in psychology is *Contemporary Psychology*. In April 1982 the first edition of a quarterly journal containing reviews of psychoanalytic books is scheduled to appear, *The Review of Psychoanalytic Books: An International Journal*, to be published by International Universities Press.

The Librarian as Instructor

One of the primary functions of the librarian is to provide instructional programs in the use of specialized resources: abstracts, indexes and data bases to library users. Among these specialized tools are: *Index Medicus* and its data base MEDLINE; *Psychological Abstracts* and its data base PsycINFO (the data base of NIMH which has no printed index); Grinstein's *The Index of Psychoanalytic Writings* and the *Chicago Psychoanalytic Literature Index*; *Resources in Education* and the ERIC data base; *Current Published Searches* and the data base of the National Technical Information Service (NTIS); *Science Citation Index* and *Social Sciences Citation Index*, and their respective data bases; *Sociological Abstracts*, which has no data base; the data bases of the National Institute of Alcoholism and Alcohol Abuse (NIAAA) and the National Institute of Drug Abuse (NIDA), and the Brain Information Service (BIS) at UCLA. A computer-based lithium program, "The Lithium Librarian," has been developed in response to the rapidly expanding lithium literature needed by clinicians and researchers at the University of Wisconsin.[45] For the librarian who wants to initiate an instructional program, a well-annotated, comprehensive source is Lockwood's *Library Instruction*.[46] The book is divided into three parts: state of the art, types of libraries and methods of instruction. While geared to the college level, it has wide application. The American Psychological Association recently produced and made available to all subscribers an audio slide kit for instruction in the use of *Psychological Abstracts*. The Institute for Scientific Information, Philadelphia, publisher of the *Social Sciences Citation Index*, also provides a slide presentation on the use of its indexes. In a paper on searching multiple data bases, Brand postulates that systems theory can be used to illustrate the behavioral sciences and their component levels: the biophysical, intra-

psychic, interpersonal, group, family, intergroup, social, and cultural.[47] Each component level has a body of literature. The searcher must decide which level is most relevant to the user's question before choosing the data base or index. It is often necessary to search multiple indexes and data bases to fill the user's needs. Port briefly describes a course developed by librarians at Mount Sinai Medical Center in New York City on information retrieval techniques for clinicians which provided them with continuing education credit. The course was enthusiastically received.[48]

Clinical librarianship is an innovative approach that places the librarian directly in the setting of patient care or teaching. Several criteria must be satisfied for this approach: acceptance by the chief of the department, the ability of the librarians to deliver information quickly and effectively, and their ability to influence the information-seeking behavior of the health care professional. The clinical librarian attends rounds and receives direct requests for information. Retrieval is manual or by MEDLINE, and the materials are delivered to the requester. Clinical librarianship in psychiatry has been practiced at several institutions: for example, Georgia Mental Health Institute, Southern Illinois University School of Medicine, Yale University Medical School, and Payne Whitney Psychiatric Clinic in New York. Some of these programs are in a state of suspension pending evaluation. While clinical librarianship has not been adopted as readily in psychiatry as in other disciplines, it has the potential of greater acceptance in the future.

A Look to the Future

Predicting the future can be a hazardous endeavor. Twenty years ago the prediction was made that "librarians who cannot program a digital computer will be archaic."[49] Other predictions are safer. Consortia are here to stay and will increase with time, given the constraints of the federal budget. Automated programs are adapted by large library systems, medical schools and large teaching hospitals, such as the "Integrated Library System" of NLM, which currently costs $2700 for version 2.0 (or $700 for libraries having access to version 1.0) from the National Technical Information Service. When smaller libraries join together to achieve common goals and to pool talent, space and budgets, they can and do enjoy the benefits of technology. For example, the Medical Library Center of New York has provided an opportunity for smaller libraries to obtain shared cataloging through entry in the OCLC system. Sometimes the sharing of resources may begin with the

production of union lists of serials or monographs, or even the exchange of journal "want" lists. Some groups share interlibrary loans and join in cooperative acquisitions.

Another predictable area of change is the adoption of microforms or an alternative for library collections. Lack of sufficient shelf space dictates that traditional formats of hardcover publications will give way to new micro-technology. Meiboom detailed her experience of conversion of journals to a microfilm collection in her hospital library.[50] While considerable space was saved and the integrity of the collection assured, many disliked having to use the readers for an appreciable length of time. Daghita corroborated Meiboom's experience with a microfilm journal collection in her community teaching hospital library, but also indicated that "once the initial negative reaction to the system wore off, the response to it became favorable."[51] However, microformat deteriorates "under less-than-ideal conditions." The National Archives and Records Service has launched a major study "to reassess microfilm as a preservation technique."[52]

In conclusion, this paper has reviewed the historical development, organization and current concerns of health sciences librarians who serve in mental health institutions. What will the future bring? This writer believes that librarians will become more active and more politically oriented. As described in the July 1981 *Bulletin of the Medical Library Association*, the efforts of the Ad Hoc Committee for the Promotion of Hospital Library Services, Western New York Library Resources Council to have the New York state legislature pass legislation that would encourage hospitals to establish and maintain minimum service libraries based on qualitative standards are an encouraging portent. These standards include criteria such as: (1) the professional health sciences library shall be a line department, (2) the library shall be *under the direction* of a trained medical librarian (if a full-time position is not feasible there should be a qualified librarian on a part-time or consulting basis), and (3) the library shall have a stated budget which is included in the annual organization budget.[53] The adoption of meaningful qualitative standards for mental health libraries on a nationwide basis would enhance patient care and would result in a closer alliance between librarians and members of the mental health service delivery team—" 'tis a consummation devoutly to be wish'd."[54]

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Online Access to Mental Health Information

BARBARA A. EPSTEIN

OVER THE PAST DECADE, the boundaries of the traditionally small- to medium-sized mental health library have been stretched by the advent of relatively inexpensive, publicly available online data bases. The National Library of Medicine (NLM), Lockheed Information System, Systems Development Corporation (SDC), and the Bibliographic Retrieval Services (BRS) together provide access to well over one hundred data bases, many of which contain information relevant to mental health. The impact on reference service has been profound. Librarians, as the intermediaries between requestors and the online services, are drawn into a more active role in research, clinical care and professional and public education.

The majority of the commercially available data bases useful to mental health are bibliographic in nature, providing citations to published or unpublished articles, reports, dissertations, audiovisuals, etc. Some, like *Psychological Abstracts* or MEDLINE, are based on printed indexes which continue to be available in hard copy. Others, such as the data base of the National Clearinghouse for Mental Health Information (NCMHI), have no print equivalent. Still other data bases do not provide citations to printed material, but rather contain primary information. (An example is CHEMLINE—an online chemical dictionary available through the National Library of Medicine. A typical record for a particular drug provides its chemical formula, registry number, structural make up, and various marketed trade names, as well as locator

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guides to other data bases in the NLM online system which contain both primary informaiton and citations to articles about that drug.)

Mental health, as a field of study, forms a bridge between the hard, or physical, sciences and the social sciences. Contributions from disciplines as diverse as neurology, physiology, genetics, toxicology, psychology, sociology, family dynamics, and anthropology all help to explain the complex interplay of biological, psychodynamic and environmental factors which are responsible for human behavior. Not surprisingly, there is no single data base which contains all the information needed to answer any mental health question. Indeed, Knapp lists forty-eight data bases relevant to the behavioral and social sciences.[1] The multiplicity and variety of data bases demand careful decision-making by the retrieval specialist. As Klugman notes: "the search results will vary depending upon which system the librarian has access to or has chosen to use. Results will also vary depending on the person who performs the search."[2]

There are, however, four major online files which together provide coverage of the many different aspects of mental health. These are: (1) PsycINFO, corresponding to the printed *Psychological Abstracts*; (2) the National Clearinghouse for Mental Health Information; (3) Social SciSearch, corresponding to the *Social Sciences Citation Index*; and (4) MEDLINE, based on, but more comprehensive than, the printed *Index Medicus*. A comparison of the availability, costs, coverage, currency, and update frequency is provided in table 1.

PsycINFO, produced by the American Psychological Association, is available through Lockheed, BRS and SDC, and provides access to materials published from 1967 to the present. It attempts to cover the broad range of psychology, including animal and human studies, as well as neurobehavior, neuropsychology, cognition, child development, and psychopathology. It is particularly strong in educational psychology, psychometrics (testing), and the psychology of speech, language and communication. The data base covers only the major articles from approximately 1000 journals. Editorials, letters to the editor, and articles not deemed to be within the limits of psychology and related disciplines are omitted. The file includes some monographs prior to 1980, and plans to index reviews from *Contemporary Psychology* at a future date. Selected dissertations from the psychology section of *Dissertation Abstracts* are included with detailed subject indexing, but no abstracts.

Each citation in PsycINFO is assigned a content classification code denoting broad subject area, and anywhere from one to eight or more

TABLE 1
Major Mental Health Data Bases

Name	*Producer*	*Availability/Cost*	*Coverage*	*Updates/Currency*
PsycINFO	American Psychological Association 1200 Seventeenth St., NW Washington, D.C. 20036	BRS: subscription + $30/hr. royalty Lockheed: $65/hr. SDC: $65/hr.	1967— 1000 journals, some monographs, dissertations, book reviews Major articles only Abstracts usually available—not for dissertations	Monthly; 6 month—2 year lag
NCMHI	National Clearinghouse for Mental Health Information National Institute for Mental Health 5600 Fishers Lane Room 11A-33 Rockville, Md. 20857	BRS: subscription, no royalty Lockheed: available June 1982 as Mental Health Abstracts at $30/hr.	1969— 1000 journals, monographs, chapters, legal decisions, dissertations, technical reports conference proceedings, audiovisuals Abstracts included	Unclear; approx. 6-12 months
Social SciSearch	Institute for Scientific Information 3501 Market St. Univ. City Science Center Philadelphia, Pa. 19104	BRS: subscription + $35/hr. or $70/hr. royalty Lockheed: $75/hr. or $110/hr. SDC: $70/hr.	1972— 1400 journals cover-to-cover, 2200 journals selectively No abstracts	Monthly; 6-12 week lag
MEDLINE	Natl. Library of Medicine 8600 Rockville Pike Bethesda, Md. 20209	NLM: $22/hr. prime $15/hr. nonprime telecommunications included BRS: subscription + $4/hr. royalty Lockheed: $35/hr.	1966— 3500 journals, includes letters, biographies, obituaries, editorials Nonbiomedical journals indexed selectively Abstracts usually available	Monthly; 3-6 month lag

subject headings from the *Thesaurus of Psychological Index Terms*.[3] An abstract is included along with an identifier phrase consisting of enriching free-text language. A major problem in the past was the time lag between journal publication and inclusion in the data base; this gap was rarely less than one year, and sometimes two to three years. The situation seems to have improved recently; the time lag for major journals is now approximately six months. The PsycINFO *User Reference Manual*[4] is a helpful guide to the file's indexing practices and retrieval methods. Dolan offers an excellent explanation of the evolution of the data base and the complexity of search formulations, focusing on the BRS system.[5]

The NCMHI data base is a result of the establishment of the clearinghouse in 1963 to identify and organize all mental health related information. The data base is available through BRS, and will be on Lockheed in June 1982. Though the file officially begins coverage in 1969, articles from the early 1960s and even before are often retrieved. Approximately 225 journals, or 25 percent of the data base, are indexed cover to cover, and another 750 journals are selectively included. Coverage of conference proceedings, technical reports, legal decisions, monographs and monograph chapters, some audiovisuals and dissertations, all with abstracts, make this data base particularly valuable.[6]

Searching the NCMHI file generally must be done with free-text language, as each record is only assigned a maximum of three subject terms, drawn from a controlled vocabulary of 119 broad headings. Identifier terms, such as publication type, age limits, human or animal, etc., are also assigned to each record. Updating of the file has been a problem during its first two years of public availability on BRS. Though it is scheduled to be updated monthly, there was one update at the end of 1980, and another partial update in May 1981. As of summer 1981, the future of the data base is uncertain due to the scheduled reduction or elimination of U.S. federal support.

MEDLINE is a comprehensive index to medical and nursing literature. It is timely, with a two- to six-month lag between date of publication and appearance in the data base. Considering its medical orientation, the data base is strongest in mental health areas such as psychopathology, drug therapy, neurology, neuroendocrinology, and the mental health aspects of physical diseases. The most striking aspect of this file is the detailed subject headings given each citation. Both major and minor descriptors are selected by NLM indexers from the hierarchical *Medical Subject Headings*,[7] which is revised yearly and rigidly maintained. Detailed guidelines exist regarding the selection of

subject terms by both indexers and searchers. The result is a data base most effectively searched by use of controlled vocabulary rather than free text terms, and yielding a consistent retrieval.

Social SciSearch is the data base with broadest coverage; 1400 journals are regularly indexed cover to cover, and 2200 others are indexed selectively. The average time lag between date of publication and appearance in the data base is six to twelve weeks. The unique aspect of this file is citation indexing, which allows an article from the past to be updated by tracing where that article has been cited. Often a search of the other data bases will yield relevant older articles on a particular topic, perhaps a treatment technique, and a citation search will lead to newer studies evaluating the application of that technique. The benefits of citation searching have been thoroughly described elsewhere.[8] Aside from a broad list of two-letter concept codes available only through the BRS system, there is no subject indexing. Searching words in title, analogous to using the Permuterm section in the printed *Social Sciences Citation Index*, is the only subject approach available to the searcher. A number of published articles discuss searching Social SciSearch online.[9]

These four core data bases are widely available through commercial vendors, with beginning date of coverage ranging from 1966 to 1972. Epstein and Angier have compared the coverage of PsycINFO, MEDLINE and Social SciSearch in relation to 361 core psychology journals.[10] It was found that PsycINFO and Social SciSearch covered, respectively, 89 percent and 66 percent of the core journals. Though MEDLINE was found to include only 33 percent of the titles examined, it undoubtedly covers a greater percentage of psychiatric, pharmacological and neurological journals, which were not included in that study.

The number of journal titles indexed by a particular file is only one important factor for comparison. Depth of coverage is an equally significant factor. Are journals indexed cover to cover, as in Social SciSearch, or selectively, as are some in MEDLINE and PsycINFO? What is the time lag for inclusion in the file? How frequently are the files updated? What other types of publications, such as dissertations, audiovisuals, monograph chapters, proceedings, or legal decisions, are included? All of these questions are important when evaluating the data bases, and determining the type of output that can be expected.

One method of comparing the access points in each data base is to examine the various ways that one article is entered into the four different data bases. The article selected was published in the June 1980 issue of the *American Journal of Psychiatry* and entitled, "Burnout in

Group Home Houseparents." The author described responses to a questionnaire by male and female houseparents in a group home for emotionally disturbed adolescents measuring "burnout" (reaction to job stress characterized by exhaustion, depression or withdrawal), a popular term often used in the literature. Since the *American Journal of Psychiatry* is the official journal of the American Psychiatric Association, and hence one of the basic periodicals in mental health, one would expect it to be included in all four major data bases, and probably many others as well. However, the indexing and access points vary greatly. The concept of "burnout" has not been added to the thesaurus of any of the data bases; therefore, a study of the assigned index terms can aid the searcher in expanding the search topic and determining how similar articles could be retrieved (see table 2).

It is clear that MEDLINE and PsycINFO provide the most helpful subject headings and lead the searcher to other related topics, such as "occupational stress" and "job satisfaction." There are also some misleading subject terms: "therapeutic-community" in MEDLINE is ambiguous as a major descriptor. It is unclear in the article whether these group homes are technically therapeutic communities. "Emotionally-disturbed" in PsycINFO is so vague as to be virtually useless. The two subject terms in NCMHI are similarly unhelpful, and there is no subject indexing in Social SciSearch. It is also instructive to compare how long it took this article, published in June 1980 in a major periodical, to be added to the data bases. In MEDLINE and Social SciSearch, the article could be retrieved by about mid-August, a lag of two months, while the citation was not available until February 1981 on both NCMHI and PsycINFO, a lag of over six months.

Thus, it is apparent that for routine mental health questions, there is no perfect data base. Social SciSearch provides the most timely access to a broad range of journals, but only through citation indexing and title words. MEDLINE is current and well indexed, and emphasizes the clinical, psychiatric side of mental health. NCMHI is neither current nor well indexed, but provides the most comprehensive coverage of all aspects of the field. PsycINFO also has a persistent time lag, but does provide excellent subject access.

Aside from the four main data bases, there are a number of special purpose files, all of which deal with a limited topic, such as drug abuse, or a limited area of coverage, such as audiovisuals. Though not routinely used, these prove valuable for addressing specific questions. The data bases focusing on a particular mental health area are Child Abuse and Neglect (Lockheed), Drug and Alcohol Abuse (BRS), Epilepsyline

TABLE 2
ACCESS POINTS IN MAJOR MENTAL HEALTH DATA BASES

Thompson, James W. "Burnout in Group Home Houseparents." *American Journal of Psychiatry* 37(Jan. 1980):710-14.

NCMHI	*Social SciSearch*
Descriptors: Manpower-and-training Occupational-mental-health	No descriptors BRS Concept code: VE = psychiatry
Identifiers: Journal Human Research	12 bibliographic references listed; article could be retrieved by a subject search
Good abstract	No abstract
PsycINFO	*MEDLINE*
Descriptors: Human-sex-differences Emotionally-disturbed Adolescents Occupational-attitudes Occupational-stress Childcare-workers Work-attitudes-toward	Major descriptors: Affective-disturbances/therapy Motivation Community health services/manpower Job-satisfaction Therapeutic-community Minor descriptors: Adolescence Adult Emotions Female Human Male Salaries-and-fringe-benefits Sex-factors
Concept code: Professional personnel & professional issues	
Identifier phrase: job and personal characteristics; burnout; houseparents of group home for emotionally disturbed adolescents	
Good abstract	Good abstract

(NLM), and Bioethicsline (NLM). The first of these, Child Abuse and Neglect, is produced by the National Center for Child Abuse and Neglect in Washington, D.C. It is a very small file with abstracts, containing records of ongoing research projects and service programs in the United States, as well as bibliographic citations to books, periodicals, conference proceedings, and government and research reports. Because it is limited in scope, a search of this data base should be supplemented by one or more of the other mental health data bases.

The Drug and Alcohol Abuse data base is a merger of DrugInfo and Alcohol Use/Abuse and contains citations from two separate agencies: The Drug Information Service Center at the University of Minnesota

College of Pharmacy, which currently updates the file; and the Hazelden Foundation in Center City, Minnesota, which has not added any citations since 1978. The DrugInfo portion provides access to monographs, journals, conference papers, instructional guides, and films, and emphasizes the psychological, educational and sociological aspects of both alcohol and drug use. It also has abstracts of the citations. The Alcohol Use/Abuse portion "contains articles, reprints, unpublished papers, and chapters from books which deal primarily with the evaluation of treatment, the chemically dependent female, family therapy and the MMPI (Minnesota Multiphasic Personality Inventory), with minor emphasis on the elderly and the adolescent."[11] Because of the uneven nature of the file content, and the lack of detailed documentation, this data base should only be considered as a supplement to the major data bases already discussed.

The epilepsy data base has the distinction of being the only data base available free of charge through NLM or any other service. It is produced by Excerpta Medica, which publishes the monthly *Epilepsy Abstracts* under contract to the National Institute for Neurological and Communicative Disorders and Stroke (NINCDS). The major mode for searching the file is with free-text words from the title, abstract and keyword field. There are also two-digit classification codes denoting broad topics such as case reports, epidemiology, genetics, etc. Keywords are assigned by Excerpta Medica, but there is no accompanying thesaurus. There are abstracts. This file remains a significant and low-cost entry point into the epilepsy literature.[12]

The Bioethics file, also available exclusively through NLM, deals with the study of value questions arising in health care or biomedical research. Important mental health topics addressed include informed consent, patients' rights, involuntary commitment, research on the mentally handicapped, psychoactive drugs, and psychosurgery. The data base was developed at the Kennedy Institute of Ethics at Georgetown University, and corresponds to the printed *Bibliography of Bioethics*.[13] Included are journal and newspaper articles, monographs, court decisions, bills, laws, and audiovisuals. There are no abstracts in the data base. Catline, MEDLINE, The Bibliographic Citation File of the Library of Congress, and the New York Times Information Bank, as well as sixty indexes and seventy journals and newspapers, are all routinely reviewed for pertinent citations.[14] Multiple access points are provided as each unit record is indexed with terms from the *Bioethics Thesaurus*, published as part of the *Bibliography of Bioethics*, and from *Medical Subject Headings*.

Locating audiovisual materials can be a vexing problem in mental health, as in other fields. Some of the data bases already discussed, such as Bioethicsline, Child Abuse and Neglect, DrugInfo, and NCMHI, include citations to audiovisuals. Three data bases are devoted entirely to audiovisuals: AVLINE (NLM), NICEM/National Information Center for Education Media (Lockheed), and NICSEM-NIMIS/National Information Center for Educational Materials-National Instructional Materials Information System (Lockheed, BRS).

AVLINE is compatible in vocabulary and format with the other NLM data bases. Detailed loan and purchase information is provided. Eighty percent of the data base consists of educationally designed programs selected through a peer review process and includes lengthy abstracts. The other 20 percent is documentation of lectures, continuing education courses, etc., which are reviewed for technical quality but not abstracted.

NICEM is by far the largest audiovisual data base, covering nonprint educational materials for all levels from preschool to postgraduate. Psychology and mental health comprise but one small part of the entire data base. NICSEM-NIMIS covers media and materials used in the education of children with physical and mental handicaps, and is less than one-tenth as large as NICEM. Van Camp compares and contrasts all the above-mentioned audiovisual data bases, as well as others in the health sciences, and provides descriptions of the files, searching aids and print equivalents.[15]

Information on grants and funding sources becomes increasingly vital as mental health institutions seek to maintain research, clinical and educational projects in an era of shrinking budgets. Angier and Epstein discuss both nonbibliographic and bibliographic data bases dealing with grant funding.[16] The former, including Foundation Directory (Lockheed) and National Foundations (Lockheed), provide basic information on private nonprofit organizations. The Foundation Directory contains descriptions of over 2500 foundations which have assets of more than $1 million or which award grants of at least $500,000. This file is supplemented by National Foundations, which describes smaller organizations.

The bibliographic data bases, SSIE Current Research (Lockheed, BRS, SDC), Foundation Grants Index (Lockheed) and Grants Index (SDC), describe specific grants awarded, including funding, primary investigators, and sponsoring and performing organizations. SSIE Current Research, produced by the Smithsonian Science Information Exchange, lists research and clinical projects funded by federal and

some nonfederal agencies. Foundation Grants Index does the same for over 400 major private foundations in the United States. Grants Index includes grant references offered by federal, state and local governments, commerical organizations, associations, and private foundations. By searching the five grant files, researchers and clinicians can locate sources of program support or funding for purchase of equipment, avoid duplication of other projects, locate individuals with subject expertise, and identify gaps in current research.

In addition to all the specific-purpose files discussed above, there are a number of privately produced data bases pertinent to mental health. The best known of these is the the Lithium Librarian.[17] This computerized system, produced by the Lithium Information Center at the University of Wisconsin-Madison Center for Health Sciences, organizes and provides access to the world's literature on lithium, a drug widely used for treatment and prophylaxis of bipolar affective disorder (manic-depressive psychosis) and under investigation for many other uses. Potential users of the data base can access the Lithium Librarian either by contracting with the Lithium Information Center and searching the system for a small hourly charge, or by having a literature search conducted by an information specialist at the Lithium Information Center. If necessary, article reprints will be duplicated and mailed upon request.

A similar service is performed by the Spanish Speaking Mental Health Research Center at the Department of Psychology, University of California at Los Angeles.[18] The Center maintains a small data base of bibliographic references pertaining to the mental health of Hispanics in the United States, including such topics as bilingualism and educational and family issues. The data base developed as a result of the compilation of *Latino Mental Health: Bibliography and Abstracts* and *Hispanic Mental Health Bibliography II* during the mid-1970s.[19] Regular updates are scheduled. Specialized bibliographies are compiled for outside requesters for a standard $10.00 service fee.

Still another privately developed data base, the National Council on Family Relations Family Resource and Referral Center, deals with literature pertaining to all aspects of family life. In addition to accessing bibliographic citations from the *Inventory of Marriage and Family Literature*,[20] searchers can access a Human Resource Bank, composed of qualified professionals willing to act as contacts for their area of expertise within the family field, and an Idea Bank, comprising short abstracts of planned or in-progress research or clinical projects. The bibliographic entries and the Idea Bank became available through BRS

in June 1981, with an hourly introductory royalty charge of $10, which will rise to $20. The Human Resource Bank will be searched only upon request.

The list of data bases useful in answering mental health questions does not end here. The broad scope and range of the field demand that the searcher consider data bases in a number of other disciplines. Questions of a medical or biological nature, in psychopharmacology, psychophysiology, the neurosciences, or similar disciplines, may also be searched in BIOSIS/Biological Abstracts (Lockheed, BRS, SDC), Excerpta Medica (Lockheed), Toxline (NLM), and SciSearch (Lockheed, BRS). Questions leaning toward the social sciences should be considered for Sociological Abstracts (Lockheed), ERIC/Educational Resources Information Center (Lockheed, BRS, SDC), ECER/Exceptional Child Education Resources (Lockheed, BRS), NARIC/National Rehabilitation Information Center (BRS), and LLBA/Language and Language Behavior Abstracts (Lockheed). Questions of a legal nature can be searched on the Legal Resource Index (Lockheed) or the National Criminal Justice Referral Service (Lockheed), as well as NCMHI and Bioethicsline, which contain legal decisions.

Requests for information specifically directed at the lay public are more common as consumerism and popular health education grow in importance. Patients and their families and friends seek information to help them make well-informed decisions about treatment options and available mental health services. Finally, clinicians will often request popular material to recommend to patients or simply to learn how complicated mental health issues are being presented to the general public. For these types of questions, the New York Times Information Bank, Magazine Index (Lockheed) and Newspaper Index (Lockheed) are invaluable.

The federal government, as the "world's most prolific publisher,...spends billions of dollars in its three branches, collecting, producing, evaluating, analyzing, and publishing data and information results."[21] A significant number of mental health publications can be retrieved from the GPO/Government Printing Office data base (Lockheed, BRS), particularly in the field of drug and alcohol abuse and public education. Access to government statistical publications is provided by ASI/American Statistics Index (SDC). Timely and/or controversial topics are often the subject of congressional hearings, which can be found in CIS/Congressional Information Service Index (SDC, Lockheed). These indexes and others are also discussed by Usdane.[22]

The State Publications Index (BRS) is a comprehensive source for current state documents issued by the fifty U.S. states, Puerto Rico and the Virgin Islands from 1976 to the present. Each document is assigned broad generic terms and subject descriptors from a 5000-term thesaurus, as yet unpublished. "Mental health," "families," "children," "handicapped," "social services," and "senior citizens" are all listed as generic terms.[23]

Finally, psychologically oriented material can be found scattered through any number of data bases in the fields of technology, humanities and business. The humanities files, such as Art Bibliographies Modern (Lockheed), MLA/Modern Language Association Bibliography (Lockheed), Philosopher's Index (Lockheed), Historical Abstracts (Lockheed), America: History and Life (Lockheed), and RILM/Repertoire International de Littérature Musicale Abstracts (Lockheed), offer behavioral perspectives on literature, history, folklore, and music. The business files, ABI/Inform (Lockheed, BRS, SDC) and Management Contents (Lockheed, BRS, SDC), provide coverage of organizational behavior, occupational stress, decision-making, and vocational testing. The technical files, particularly Agricola (Lockheed, BRS, SDC) and Compendex (Lockheed, BRS, SDC), also offer many behavioral perspectives. Angier and Epstein offer useful guidelines for finding mental health information in these seemingly unlikely data bases.[24]

This lengthy description of data bases relevant to mental health has doubtless left the reader in a state of quandary. If information can be found in so many locations, where should the search begin? Even more important, when can the search end with a reasonable expectation that the most pertinent citations have been retrieved? And what of the inevitable overlap among all these data bases?

The latter question has been addressed by numerous authors. Gardner and Goodyear compared coverage of the interdisciplinary topics of abortion and death in four printed indexes: *Index Medicus, International Nursing Index, Sociological Abstracts,* and *Psychological Abstracts.*[25] They found almost no disciplinary overlap among the four indexes, and concluded that "interdisciplinary coverage cannot be presumed by the use of one or two or even more of the indexes to the published literature."[26] It must be observed, however, that this exercise was not accomplished with online searching; thus, the authors were restricted only to the printed subject indexes. It is possible that the results might have been different had they been able to retrieve additional citations discussing death or abortion in their abstracts or even titles, even though the articles might not have been indexed according to those terms.

Smalley conducted a similar comparison of *Psychological Abstracts* and *Index Medicus* for coverage of the journal literature in the area of operant conditioning.[27] In this study, it was shown that "considerable overlap is found...by the two indexing tools, but use of both is necessary to assure a comprehensive search."[28]

Caldwell and Ellingson compared the overlap between ERIC and PsycINFO in four sample searches, and found "the percentage of citations that were duplicated in the...searches was less than might be expected based on the percentage of overlap in journal coverage between the two data bases."[29] Interestingly, when journal titles from the citations in each search were compared with the list of journals indexed by both ERIC and PsycINFO, more than twice the number of citations that were actually duplicated could possibly have appeared as duplicates. The authors speculate that their results may be limited, and that "more comprehensive search strategies would lessen the difference between the actual citation duplication and potential duplication based upon overlapping journal coverage."[30] This example illustrates the importance of shaping each search strategy to the idiosyncrasies of the data base.

Angier examined the journal overlap of MEDLINE and PsycINFO with NCMHI. She determined that 40 percent of the journal titles indexed by NCMHI were found in MEDLINE and 52 percent of the titles indexed by NCMHI were found in PsycINFO. Approximately 24.5 percent of the journal literature in NCMHI was indexed in all three files, and 66.4 percent of the titles were covered collectively by MEDLINE and PsycINFO. However, 33.6 percent of the NCMHI journal titles were unique. But she cautions that the figures can be misleading. The inclusion and indexing policies for NCMHI, MEDLINE and PsycINFO differ significantly and are important in determining the strength and quality of each file.[31]

Both Brand and Wanger have analyzed the factors involved in data base selection. Wanger stresses an understanding of data base characteristics, namely: (1) subject/content, topic coverage; (2) source document coverage; (3) time period coverage and typical lag times; and (4) searchable and printable data elements.[32] Brand addresses the behavioral sciences directly and lists five steps for search analysis: (1) determine the interdisciplinary nature of the user's question; (2) determine the comprehensiveness of the user's needs (i.e., will the material be used for research, clinical investigation or treatment, or a student disseration?); (3) determine the type of material relevant to the user's request (are dissertations, foreign-language materials, etc., acceptable?); (4) determine the currency of the literature relevant to the user's request; and (5) determine the efficiency of the search in terms of time and cost.[33]

In addition, it is essential that the search analyst be an active participant in the reference interview by educating the user about the unexpected avenues for acquiring information.

There are few training programs for online searchers in mental health. All of the large vendors—Lockheed, SDC, BRS, and NLM—provide instruction in the use of their systems, but nothing specifically in mental health. Lockheed offers half-day subject seminars on topics such as biology, medicine, business, and the social sciences, which include many of the data bases discussed in this paper. But it is necessary to combine two or more of these to cover the entire range of mental health information. Some of the data base vendors, such as the Institute for Scientific Information, also provide seminars to maximize user efficiency on their data bases. The American Psychological Association, producer of PsycINFO, offers a program closely geared to the needs of behavioral sciences researchers. Library schools and online user groups also sponsor seminars and continuing education courses of interest to the searcher.

The Medical Library Association offers a one-day continuing education course titled *CE-64: Online Searching in Psychiatry.*[34] This course was developed under the auspices of the Standing Committee for Online Retrieval Education (SCORE), an advisory committee to the National Library of Medicine. It emphasizes both understanding of psychiatric terminology and comparative knowledge of the major mental health data bases. The course includes an "in-depth examination of the psychiatric terminology in the third *Diagnostic and Statistical Manual* (DSM III) of the American Psychiatric Association, and of the relationship between DSM III and *Medical Subject Headings (MeSH).*" At the conclusion of the day, "it is hoped that the participants will...become more effective mediators between the end users and the data base systems."[35]

The availability of online searching is continually expanding. It should be relatively easy for most institutions to acquire a terminal or to share one with another department. Lockheed, SDC and NLM all offer "pay-as-you-go" password accounts, with group and minimum-guaranteed-usage discounts. BRS charges are based on an annual subscription, payable in advance, with decreasing rates for greater usage.

Libraries which do not offer online searching can refer patrons to larger medical, academic or public libraries. In addition, some data base producers, such as the Lithium Information Center and the American Psychological Association, will also search their files for a fee. Finally, several government agencies offer free searches of their own data bases.

The most pertinent of these is the National Clearinghouse for Mental Health Information (5600 Fishers Lane, Room 11A-33, Rockville, Md. 20857; 202/443-4517). As mentioned earlier, funding is uncertain after October 1, 1981. The National Clearinghouse for Alcohol Information (P.O. Box 2345, Rockville, Md. 20852; 301/468-2000) will also perform free of charge literature searches of their data base, consisting of popular and professional literature on alcohol use and alcoholism.

Thus, computerized access to mental health information can be achieved either directly or through a variety of intermediaries. Online searches satisfy many levels of requests, from simple biographies to multifaceted clinical problems. Certainly, this new technology cannot replace the entire reference process, but it does change it by eliminating much of the drudgery, promoting efficiency and expanding the retrievable resources far beyond the physical limits of the library.

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Mental Health and the Law

HENRY C. WEINSTEIN

NOT LONG AGO I received a rather urgent call from a librarian at the law school with which I am affiliated. The librarian related his difficulties in helping one of my students with a term paper in the area of "mental health and the law." Having come to the conclusion that the resources of our law library—one of the finest and most complete in the nation—were inadequate to the task, he had investigated our Medical Center library with equally unsatisfactory results. The medical librarians had tried to be helpful, but they were essentially unfamiliar with the field of mental health and the law.

In my efforts to assist this librarian, I had occasion to explain that mental health and the law represents a relatively new field whose development has been so rapid that most libraries and librarians have failed to keep up with it. I further explained the difference between "forensic medicine" and "mental health and the law," clarifying that whereas the former encompasses the intersection of the fields of law and medicine, the latter is made up of the overlapping subject matter of three major disciplines: law, medicine and psychology. It follows that mental health and the law is at once more multidisciplinary in nature and more specialized in content than the wider field of forensic medicine. In order to illustrate these relationships, I offered the following figure. It depicts the multiple areas of intersection of law, medicine and psychology, including the intersection of all three fields that compose the special subject matter of mental health and the law.

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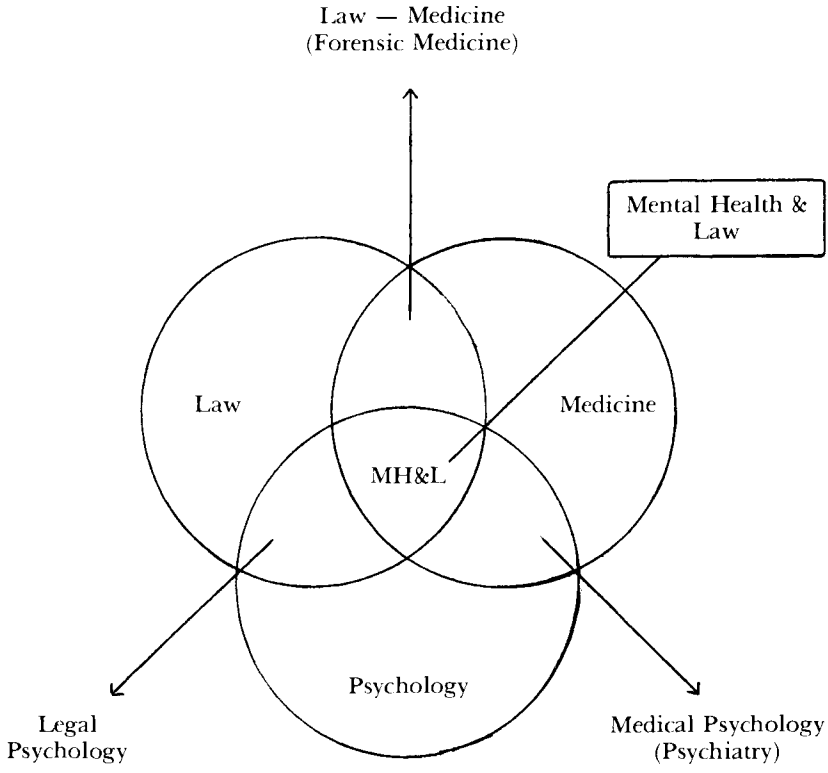

Figure 1

Having verbally clarified the definition of mental health and the law to the satisfaction of my librarian colleague, he suggested it would be helpful if I put my explanation in writing. This paper is the product of that effort. Its aims are to elucidate the major concepts and categories involved in mental health and the law, and to provide basic strategies for approaching research efforts in this developing field.

Historical Background

The librarian who seeks to provide guidance in research pertaining to mental health and the law should be at least broadly familiar with the historical issues that constitute the core subject matter of this field. Throughout history, all societies, primitive and civilized alike, have

had to provide means for dealing with the severely mentally ill person and his property. Thus, the somewhat harsh but simple and straightforward legal codes spelled out in the Old Testament (e.g., "thou shalt not kill") were modified by subsequent commentaries to accommodate people unable to conform with the codes. Among such people were the mentally ill. Our records of Greek and Roman laws indicate the special concern of antiquity with mental illness as it related to property. One authority has pointed to the Twelve Tables of Rome, promulgated in 449 B.C., as the source of one of the earliest legal references to the mentally disabled.[1] As this authority points out, the term *fool* refers to "any mentally disabled person": "If a person is a fool, let this person and his goods be under the protection of his family or his paternal relatives if he is not under the care of anyone."[2] During the decay of the Western Empire and throughout the Middle Ages, most laws continued to reflect the concern of society for the property of mentally disabled persons.

The idea of physically confining the mentally ill did not emerge until the eighteenth century. Confinement laws were originally applied only to mentally ill persons who were violent, but they were subsequently extended to the nonviolent mentally ill as well. With the development of the asylum, laws were enacted establishing procedures for the civil commitment (i.e., confinement) of mentally ill individuals not on the basis of criminal behavior, but on the severity of the disturbance.

A series of events in the 1840s marked the beginning of the modern era of mental health and the law. The first and most far-reaching of these events was the McNaughten decision of 1843.[3] Reflecting the continuing struggle of Anglo-American common law to deal with the mentally ill person who committed a homicide, the McNaughten decision set forth specific criteria that would have to be met if the insanity defense was to absolve a person of criminal responsibility. A year later, in 1844, thirteen asylum superintendents founded the Association of Medical Superintendents of American Institutions for the Insane. Among this group was Dr. Isaac Ray, now regarded as the father of modern forensic psychiatry. In 1893, this group changed its name to the American Medical Psychological Association and finally, in 1921, to the American Psychiatric Association.

The year 1845 marked a court decision with fateful implications for the relationship between mental health and the law; this was the year the Massachusetts State Supreme Court handed down its decision: "In the Matter Josiah Oakes."[4] In this little-known case, Oakes claimed he

had been illegally committed to the McLean Asylum by his family. The alleged illegality of the commitment derived from the fact that Oakes was not a violent or dangerous person. Instead, involuntary commitment had followed allegations that he "suffered from hallucinations and displayed unsoundness of mind in conducting his business affairs."[5] These allegations, in turn, grew out of the fact that Oakes, an elderly and prudent man, had become engaged to a young woman of unsavory character several days after the death of his wife. The court's decision in this matter is noteworthy as a reflection of society's changing conception of mental disability. Going beyond the assumption that society was to be defended against the violence of the mentally ill, the court upheld the involuntary hospitalization of Josiah Oakes for ostensibly therapeutic reasons: "The right to restrain an insane person of his liberty is found in that great law of humanity, which makes it necessary to confine those whose going at large would be *dangerous to themselves* or to others"[6] (emphasis added).

Each of the historical events described above touches on an issue that would grow into a topic of major concern within the field of mental health and the law. The McNaughten case heralded an awareness of the relation of mental health to questions of criminal law. The Oakes decision pointed to the impact of mental health on questions of civil law. And the establishment of the Association of Medical Superintendents of American Institutions for the Insane tied mental health to administrative law and, more specifically, to the internal regulation of professions.

The twentieth century has been a period of accelerating development in both psychiatry and mental health law. Along with significant advances in the treatment of the mentally ill have come new social costs and areas of potential conflict. Psychoanalysis and psychotherapy now presuppose therapist-patient confidentiality. Psychosurgery entails the risk of irretrievable intrusion. Psychiatric medications may have permanently debilitating side effects. In addition, new economic concerns have entered into the provision of care for the mentally ill, as reflected, for example, in the cost of treatment, the availability of third-party payment, and the possibility of malpractice actions. Social policy issues (e.g., civil rights) and sociological trends (e.g., the declining status of the professional) have also had an impact on the evolution of psychiatry and mental health law. To date, attempts to resolve conflicting interests and divergent social priorities have taken many forms. Legal and judicial activism has kept matters pertaining to mental health and the law before the public, whereas the "advocacy" movement has created a new

subspecialty of legal practice. (Coincidentally, the New York State advocacy agency is named the "Mental Health Information Service.")

In recent years, the field of mental health and the law has become so explosively active that the number of books and articles in the field has reached flood tide proportions. A "Selective List of Books on Law and Psychiatry" published in 1974 contained 137 titles; six years later, a supplementary list added 78 titles.[7] Perusal of these lists suggests that the field of mental health and the law is complicated not only because of the variety of topics it covers, but by virtue of the fact that any single topic is routinely addressed from the different disciplinary perspectives that jointly constitute the field. Each of these perspectives, in turn, presents its own complications. The nonlegal librarian, for example, is understandably confused on learning that the legal system comprises many different "jurisdictions." In addition to the plethora of statutes reflecting the respective jurisdictions of fifty states and the federal government, moreover, innumerable regulations and local laws pertaining to mental health and the law must be taken into account. Comparably, the nonpsychiatric librarian will quickly discover that the mental health literature bearing on legal issues encompasses a variety of viewpoints corresponding with the multiplicity of legal jurisdictions. These viewpoints represent the competing paradigms or models that provide the basis for diagnosis, treatment and research within the mental health professions.[8] They include: (1) the biological model, (2) the behavioral model, (3) the dynamic (psychoanalytic) model, and (4) the social model.

Having at this point saddled the reader with some appreciation of the confusing and seemingly imprecise subject matter of mental health and the law, I will now proceed in a more positive spirit to the task of coping with both the multi- and intradisciplinary complexities of the field. To this end, I will consider, sequentially: (1) the various roles of the workers who seek information in this field, (2) the major issues that concern these workers, and (3) the various sources of information to which the workers can be directed.

Information Seekers

The multidisciplinary subject matter of mental health and the law suggests that a wide variety of users will require resources and services. Since both the legal system and the medical-psychological (mental health) system are service systems, a primary type of information seeker is the person who either provides or receives such services. Table 1 lists

these providers and recipients in a way that highlights the broad range of information utilizers in mental health and the law.

TABLE 1
SEEKERS OF INFORMATION

A. RECIPIENTS OF SERVICES
- 1. Legal Services
  - a. Criminal Law
    - 1) Pre-trial
    - 2) Post trial
      - a) Prisoner
      - b) Probationer
      - c) Post Acquittal—not guilty by reason of insanity
      - d) Parolee
  - b. Civil Law
    - 1) Litigator
      - a) Plaintiff
      - b) Defendant
    - 2) Hospitalized Patient
  - c. Administrative Law
    - 1) Complainant
    - 2) Defendant
- 2. Mental Health Services
  - a. Patient or Client
  - b. Hospitalized or Out-patient
  - c. Adult, Child or Adolescent
  - d. Subject of a legal evaluation

B. PROVIDERS OF SERVICE
- 1. Legal Services
  - a. Police
  - b. Judge
  - c. Lawyer
    - 1) Criminal
      - a) Defense
      - b) Prosecutor
    - 2) Civil
    - 3) Advocate
  - d. Correction Personnel
  - e. The Expert Witness
- 2. Mental Health Services
  - a. Practitioners
    - 1) Private Practitioners
    - 2) Public or Quasi-Public Practitioners
    - 3) Consultants
  - b. Hospitals
    - 1) Administrators
    - 2) Staff
  - c. Special Committees
    - 1) PSRO
    - 2) Utilization
    - 3) Research (experimentation)

Additional mention should be made of trainees and academic researchers. Trainees include students, interns and residents. Academic researchers may represent a variety of fields, including not only law and psychiatry, but political science, police science and the social sciences as well. It is always important to clarify at the outset the specific privileges and responsibilities associated with the respective roles of trainees and researchers, with special reference to the ways in which the information obtained will be utilized.

The listing in table 1 also highlights the importance of accurate labeling as it impacts on information seeking in mental health and the law. The label assigned by a particular system usually defines an individual's privileges and responsibilities, and thereby determines the vantage point from which he will seek information. Consider, for example, the individual who is a "defendant" in a criminal case. If he is in jail, he is also an "inmate." Alternatively, he may be labeled a "detainee" to indicate he is not a "sentenced inmate." The sentenced inmate is kept not in a jail (which is for pretrial detention purposes) but in a prison; he is thereby labeled a "prisoner." (Interestingly, although many correctional facilities are termed "penitentiaries," inmates incarcerated in them have never, to my knowledge, been labeled "penitents.") If the the "defendant" is receiving some form of psychotherapy or counseling, he will also be a "patient" to his psychiatrist or a "client" to his social worker. He is simultaneously a "client" to his lawyer.

The point in adumbrating these multiple and to some extent overlapping labels is to emphasize that specific appellations connote important rights and relationships. Thus, a pretrial defendant in a criminal case who is being treated by a psychiatrist is a "patient" to whom all the rules bearing on doctor-patient confidentiality apply. On the other hand, if a psychiatrist is not treating the defendant but is summoned as an "impartial expert" to evaluate the mental condition of the defendant and to report his findings in court, a doctor-patient relationship does not obtain and the psychiatrist owes the defendant no duty of confidentiality. As another example, consider that any prisoner is entitled to "prisoners' rights"; such rights now include, among other things, the right of access to an adequate legal library. If a prisoner is additionally a "patient" in a mental health treatment system, he is further entitled to specific rights delineated as "patients' rights." Finally, if a person convicted of a crime is an adolescent, specific "children's rights" may also apply to him. It should be noted, in passing, that the mutual rights and duties of physicians and patients may change when a patient sues a physician, or when a physician, upon

the complaint of a patient, has his conduct investigated by a professional association.

Major Issues

Having reviewed briefly the variety of parties seeking information pertaining to mental health and the law along with certain complexities involved in labeling these parties, I now turn to some of the principal topics of concern to workers in the field.

Here another complication immediately presents itself. As a multidisciplinary field, the subject matter of mental health and the law may be classified from any of the disciplinary perspectives that bear on it. Indeed, the basic thrust of a given research endeavor in this field is largely a function of the disciplinary orientation of the investigator; publications, in turn, naturally classify topics according to the orientation of the discipline they represent. A legal casebook will present topics pertaining to mental health and the law from the standpoint of major legal categories. A book or journal addressed to mental health workers, on the other hand, will organize these same topics according to clinical diagnostic categories meaningful to this professional audience. In accord with the expository intent of this paper, I shall attend to both perspectives, presenting brief lists of major topics as conceptualized by the law and the mental health professions. I shall also pause to consider several particularly important items drawn from the legal listing.

Table 2 itemizes the principal topics of mental health and the law from the legal perspective. As already noted, the broad categories within which this classification is framed are criminal law, civil law and administrative law. To these categories, I have added general headings pertaining to expert witnesses, malpractice, confidentiality, and informed consent.

The insanity defense, which falls within the rubric of criminal law, is probably the best known topic within the field of mental health and the law. Self-evidently, this topic involves determining the state of mind of an accused person at the time he allegedly commits a criminal act. I have already pointed to the McNaughten decision of 1843 as a juridical landmark in the history of the insanity defense. Here, I would only add that the centrality of this topic to the field has not diminished over the past 140 years; it continues into the present, owing in part to the strong recent movement to abolish the insanity defense altogether.

In contrast to the insanity defense, which relates to the mental condition of an individual at the time of an alleged criminal act, the

TABLE 2
LEGAL TOPICS

A. THE CRIMINAL LAW
   1. The Insanity Defense
      —Partial or Diminished Responsibility
   2. Competence to Stand Trial
   3. Juvenile Offenders
   4. The Correction System
   5. Quasi-Criminal Issues

B. THE CIVIL LAW
   1. Civil Commitment
      —Patients' Rights, Right to Treatment
      —Right to Refuse Treatment
   2. Personal Injury
      —Workman's Compensation
   3. Family Law
      —Divorce, Custody

C. ADMINISTRATIVE LAW (REGULATING THE PROFESSIONS)
   1. Licensing and Certification
      —Discipline and Sanctions
   2. Professional Organizations
      —Codes of Ethics
      —Specialty Certification

D. GENERAL TOPICS
   1. The Mental Health Consultant to the Courts
      —The Expert Witness
   2. Malpractice
   3. Confidentiality
   4. Informed Consent

issue of competence to stand trial relates to the mental condition of a defendant during the ensuing criminal trial process. In a social sense, this topic is even more important than the insanity defense, as it pertains to many more individuals than those whose sanity at the time of a criminal act is in question. It should be stressed that the general issue of "competence" embodies a major interface between mental health and the law. Within the law, moreover, the question of competence not only enters the criminal justice process, but involves matters of civil law as well.

Issues relating to juvenile offenders are also of great interest today, given society's continuing preoccupation with controlling the violent acts of younger people. Much recent literature addresses the responsibility of youngsters for nominally "criminal" behavior along with the

dispositional problems, evaluational requirements, and special treatment needs of this segment of the population.

A large body of literature—much of it reporting ongoing research—also deals with the correctional system. The lack of mental health services in jails and prisons is a matter of increasing concern, and the difficulties involved in providing such services have been repeatedly documented. It should be empahsized, in passing, that the issue of mental health within the correctional system is important not only to mental health professionals, but to correction officers, wardens and administrative personnel as well.

Within the realm of administrative law, the professional activity of health care providers has been intimately connected with government since medieval times. The history of this relationship and its development in the modern era is a fascinating subject. One important issue within this area concerns the role of the state in licensing and certifying both mental health professionals and mental health facilities. Specific disciplinary proceedings may be initiated, and specific sanctions may be employed, by either the government or the relevant professional organizations. The latter also attempt to regulate their members by promulgating canons of professional responsibility and codes of ethics. Inasmuch as such professional organizations ordinarily correspond with specific subspecialty fields, they further have the authority to accredit special training programs and to grant subspecialty certification to practitioners who complete such programs and pass rigorous examinations.

The first item of the "General Topics" category of table 2 bears special mention. The role of the expert witness, the mental health consultant to the courts, is a topic of major interest in mental health and the law. In a legal proceeding, the expert witness has a unique status that sets him apart from other witnesses: he is authorized to present as evidence his opinion regarding particular questions that bear on his expertise. It stands to reason that whenever such an expert is called to testify, his qualifications become a relevant issue in the proceedings. The nature and extent of a particular expert's qualifications are a function of his training, his passing of specialty examinations and subsequent certification in his field, and his being listed in relevant professional directories.

A considerable body of literature now exists dealing with how the expert witness should comport himself in court. Part of this material concerns specific courtroom techniques, and part of it addresses the special communicational problems of the expert witness in mental health and the law.[9]

The approach to mental health and the law afforded by the medical-psychiatric perspective is in marked contrast to the legal classification I have considered thus far. In accord with the orientation of mental health professionals, this perspective normally focuses on diagnostic issues attendant to particular medical-legal problems. Table 3 provides some major diagnostic categories, along with two additional topics (mental health evaluations and ethical issues) of relevance to the mental health perspective.

TABLE 3
MENTAL HEALTH TOPICS

A. SOME DIAGNOSTIC CATEGORIES OF LEGAL SIGNIFICANCE
   1. Mental Retardation
   2. Conduct Disorders
   3. Organic Mental Disorders
      —Dementia, Amnesia, "Convulsive States" (Epilepsy)
   4. Substance Use Disorders
      —Alcohol, Other drugs
   5. Schizophrenic Disorders
   6. Paranoid Disorders
   7. Affective Disorders
   8. Psychosexual Disorders
      —Paraphilias (e.g., sexual sadism, masochism)
   9. Disorders of Impulse Control
      —Kleptomania, Pyromania
      —Intermittent Explosive Disorder
   10. "Non-Mental" Disorders
      —Malingering
      —Adult antisocial behavior

B. EVALUATION, REPORTING AND TESTIFYING FOR LEGAL PURPOSES
   —Psychological Testing
   —Mental Health Reports
   —Expert Testimony

C. ETHICAL ISSUES

Sources of Information

I have, to this point, briefly reviewed the historical development of mental health and the law as a multidisciplinary field, considered the variety of information seekers who might approach the librarian for guidance, and addressed certain topics of special importance to these workers. It remains to outline the wide variety of sources and services

that the librarian can place at the disposal of those seeking assistance. Although the librarian can hardly be expected to master the extensive array of materials now available, he must at least be familiar with, and prepared to refer workers to, the major resources in the field.

First, a preliminary word about the computer search, an important research tool whose applications to the mental health field have been thoroughly reviewed in another paper in this issue. Two major systems of computerized materials exist within the law—the LEXIS system and the WestLaw system—but neither is presently suitable for the initial work in a research enterprise. Although it is conceivable that a computer system suitable for this purpose may be developed in the future, the present systems are too primitive to aid in the preliminary exploration of a topic. It follows that the initial impulse to embark on a search by computer should generally be suppressed. The appropriate place for a computer search will often be an intermediate stage in the research, a point at which basic issues have been clarified and thorough documentation is being sought.

I recommend that an inquiry begin with a good textbook that will enable the worker to situate his topic within the entire field of mental health and the law.[10] Ralph Slovenko's *Psychiatry and the Law* (1973) is the textbook I most frequently recommend. Slovenko's engaging style and vast erudition help place any research topic in proper perspective; his analysis of specific topics also contains suitable leads to other references. Unfortunately, Slovenko's book has not been revised since 1973, and it may therefore lack up-to-date information about issues of ongoing concern. Walter Bromberg's *The Uses of Psychiatry in the Law* (1979) is a more recent textbook. Its subtitle, "A Clinical View of Forensic Psychiatry," accurately describes the perspective of a noted clinician who has been teaching and practicing for almost thirty years. Alan Stone's *Mental Health and Law: A System in Transition* (1975) is another recent work that is both thoughtful and admirably concise. Robert Sadoff's *Forensic Psychiatry* (1975) is subtitled "A Practical Guide for Lawyers and Psychiatrists." It follows that Sadoff has written a "how-to" text that is eminently useful to the practitioner, but may be largely incidental to the concerns of many researchers. For an excellent review of the issues surrounding malpractice, the regulation of psychiatric practice, and the use of expert witnesses, I recommend Seymour Halleck's recent *Law in the Practice of Psychiatry* (1980). Among other noteworthy works are Brakel and Rock's *The Mentally Disabled and the Law* (1971), a thorough and major effort sponsored by the American Bar

Association; and Sidney Asch's *Mental Disability and Civil Practice* (1973). Regretfully, both works are already somewhat out of date.

Another type of book appropriate to the needs of the beginning researcher is the compilation of source readings intended for classroom use. *Readings in Psychiatry and Law* (1976), edited by Allan, Ferster and Rubin, is perhaps the best compilation of this sort. *Psychoanalysis, Psychiatry, and the Law* (1962), edited by Katz, Goldstein and Dershowitz, is another useful compilation that organizes the subject matter from a psychoanalytic perspective. Related to such compilations but unique to the field of law is the casebook. Utilized extensively in legal training, the casebook gathers together the major cases in a particular area of law, adding valuable commentary and frequently trenchant criticism. In the field of mental health and the law, Alexander Brooks's *Law, Psychiatry, and the Mental Health System* (1974) is unquestionably the most valuable casebook. Brooks not only compiles extensive quotations from the leading cases in this field, but provides excellent commentary and useful reference lists from which further information may be obtained. His casebook has been helpfully updated through a recently published paperback supplement. Miller, Dawson, Dix, and Parnas's *The Mental Health Process* (1976) is another casebook worth examining.

Unfortunately, the subject matter of mental health and the law has not generated a single comprehensive annotated bibliography that subsumes the various reference lists contained in the textbooks, casebooks and compilations of readings. Bromberg, while providing a useful bibliographic essay in his own textbook, mentions the serious obstacles to bibliographic inclusiveness in this field:

> A comprehensive bibliography covering the field of forensic psychiatry would involve dovetailing legal decisions by the courts with clinical experience in legal matters by psychiatric practitioners. To join these areas in a common bibliography foreshadows difficulties, because legal writings derive from judicial decisions developed into case law, while psychiatric writings represent individual reactions to contacts with defendants, plaintiffs, attorneys, and judges.[11]

Although Bromberg's observation argues against the imminent appearance of an inclusive, multidisciplinary compilation, it should not obscure the admirable comprehensiveness of the reference lists appended to certain extant works in the field. The 75-page reading list found in Slovenko's textbook[12] and the many substantial lists found in the Brooks casebook are especially noteworthy in this respect.

Whereas textbooks, casebooks and compilations of readings are essential to the initial investigation of a topic pertaining to mental

health and the law, no substantial research project could be undertaken without a thorough search of the periodical literature. The major journals in the field that adopt the disciplinary perspectives of psychology and psychiatry include: *The Bulletin of the American Academy of Psychiatry and the Law, The Journal of Psychiatry and Law, The International Journal of Psychiatry and Law,* and *The Journal of Forensic Psychiatry.* Other journals that may contain relevant articles are: *The American Journal of Law and Medicine, The Journal of Legal Medicine,* and *Administration and Mental Health.* Additional useful periodical sources include the American Psychiatric Association's biweekly newspaper *Psychiatric News,* the newsletter of the American Academy of Psychiatry and Law, special lists of recent material from the Samuel Bellet Library of the Hospital of the University of Pennsylvania,[13] and the American Society of Law and Medicine's *Medical Legal News.* A new journal, *Nursing Law and Ethics,* provides articles from the nursing perspective.

Turning to the legal periodical literature, I find a situation in marked contrast to the foregoing. Only one major legal periodical, *The Mental Disability Law Reporter,* deals specifically with the subject matter of mental health and the law. This organ of the American Bar Association's Commission on the Mentally Disabled is a major resource for work in the field, listing recent decisions and statutes as well as discussing proposed legislation.

By contrast, other legal journals only sporadically contain articles of relevance. Occasionally an article of major importance will appear in one of the many law reviews published in the country. Similarly, any of a number of legal specialty journals may occasionally include a significant contribution to mental health and the law. Such journals include: *The Family Law Quarterly, The Criminal Law Bulletin, Criminology, The Mental Health Lawyer News Report, The Journal of Health, Politics and the Law, The Journal of Social Issues,* and *Law and Human Behavior.*

Because only one legal periodical deals expressly with the subject matter of mental health and the law, it is important for the librarian to refer the researcher to the various indexes that provide access to the vast legal periodical literature. The most important of these indexes are: *The Index to Periodical Articles Related to Law, Content of Current Legal Periodicals,* and *The Criminology Index.* Additional indexes that may prove helpful in locating articles from the psychological-psychiatric literature include: *Index Medicus, Current Contents: Social and Behavioral Sciences, Excerpta Medica: Psychiatry, Psychological Abstracts,*

Chicago Psychoanalytic Literature Index, and *Social Sciences Citation Index*.

Major research endeavors involving mental health and the law will undoubtedly require a visit to a law library, where the worker will have access to resources usually available nowhere else. These resources include two major legal encyclopedias, *American Jurisprudence* and *Corpus Juris Secondum*. Each encyclopedia includes sections dealing with topics relevant to mental health and the law. In addition, most law libraries house multivolume collections of books that provide summaries of cases arranged by topic; *The Decennial Digest* and the *American Law Reports* are two of the major collections providing this service. It goes without saying that law librarians, who can draw on additional services providing the texts of recent decisions, will be able to provide further assistance to researchers in search of up-to-date information. Special libraries housing major collections in the field may provide an invaluable resource under certain circumstances. These libraries include the Bellet Library of the University of Pennsylvania; the Sagall Library of Law, Medicine and Health Care in Boston; and the Milton Helpern Library of Law and Medicine in New York City.[14]

The librarian should not overlook the existence of potentially helpful local or national professional groups. Most legal, psychological and psychiatric associations maintain committees dealing with matters that involve mental health and the law. Such committees, whether local or national, may provide consultative services to researchers with specific questions. Finally, a resourceful worker might locate institutions that provide special training programs in mental health and the law. These institutions would undoubtedly have faculty experts willing to provide assistance on particular research projects.

The suggestions contained in this section, however extensive, far from exhaust the valuable resources in mental health and the law. Here, as in so many other fields, assistance to workers is really limited only by the available time and the imagination of the librarian.

Conclusion

The rapid growth of the subject matter of mental health and the law has generated in recent years a burgeoning literature that encompasses not only cases, statutes and regulations, but also a wealth of relevant research projects and commentaries. The evolving character of the knowledge base of this field places unusual demands on the librarian; it points to a need for information from several disciplines that is as up to date as possible. To date, recent developments in the field have not been

disseminated quickly enough, a fact underscored by the documented "knowledge gap" between important changes in the law and the awareness of these changes by the professionals who most require the knowledge.[15]

Ultimately, the responsibility for organizing new information in this field and making it accessible to those who need it belongs to the professional librarian. Although this chapter has attempted to provide an overview of the field that will provide a conceptual handle for the general librarian, it has been implicit in this treatment that a dire need exists for librarians with special expertise in mental health and the law. Only through specialized training programs addressing the multidisciplinary complications of the field, that is, will professional librarians be able to organize adequately the continuing stream of new information in this field and disseminate it effectively to the variety of users who will appeal to them in the future.

Appendix

Recommended Core Library for Fellowship Programs in Forensic Psychiatry*

Textbooks

Bromberg, William. *The Uses of Psychiatry in the Law: A Clinical View of Forensic Psychiatry*. Westport, Conn.: Quorum Books, 1979.

Brooks, Alexander D. *Law, Psychiatry and the Mental Health System*. Boston: Little, Brown, 1974.

Halleck, Seymour L. *Law in the Practice of Psychiatry: A Handbook for Clinicians*. New York: Plenum, 1980.

Sadoff, Robert L. *Forensic Psychiatry: A Practical Guide for Lawyers and Psychiatrists*. Springfield, Ill.: Charles C. Thomas, 1975.

Schetky, Diane H., and Benedek, Elissa P., eds. *Child Psychiatry and the Law*. New York: Brunner/Mazel, 1980.

Slovenko, Ralph. *Psychiatry and Law*. Boston: Little, Brown, 1973.

Stone, Alan A. *Mental Health and Law: A System in Transition*. New York: Jason Aronson, 1976.

Ziskin, Jay. *Coping with Psychiatric and Psychological Testimony*. Beverly Hills, Calif.: Law and Psychology Press, 1970.

Monographs on Key Subjects

American Psychiatric Association. *Clinical Aspects of the Violent Individual*. Washington, D.C.: APA, 1974.

Cleckley, Harvey. *The Mask of Sanity: An Attempt to Clarify Some Issues about So-called Psychopathic Personality*, 5th ed. St. Louis: C.V. Mosby, 1976.

Goldstein, Abraham S. *The Insanity Defense*. New Haven, Conn.: Yale University Press, 1967.

Goldstein, Joseph, et al. *Beyond the Best Interests of the Child*. New York: Macmillan, 1973.

Keiser, Lester. *Traumatic Neurosis*. Philadelphia: J.B. Lippincott, 1968.

Leedy, Jack J., ed. *Compensation in Psychiatric Disability and Rehabilitation*. Springfield, Ill.: Charles C. Thomas, 1971.

Monahan, John. *The Clinical Prediction of Violent Behavior*. Beverly Hills, Calif.: Sage Publications, 1980.

Rada, Richard T., ed. *Clinical Aspects of the Rapist*. New York: Grune & Stratton, 1977.

Roesch, Ronald, and Golding, Stephen L. *Competency to Stand Trial*. Urbana: University of Illinois Press, 1980.

Rosner, Richard. *Critical Issues in American Psychiatry and the Law*. Springfield, Ill.: Charles C. Thomas, 1981.

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Research Monographs

Gunn, J., et al. *Psychiatric Aspects of Imprisonment*. New York: Academic Press, 1978.

Guze, Samuel B. *Criminality and Psychiatric Disorders*. New York: Oxford University Press, 1976.

Harvard Medical School. Laboratory of Community Psychiatry. *Competency to Stand Trial and Mental Illness*. New York: Jason Aronson, 1974.

Lewis, Dorothy O., and Balla, David A. *Delinquency and Psychopathology*. New York: Grune & Stratton, 1976.

Mednick, Sarnoff A., and Christiansen, K.O., eds. *Biosocial Bases of Criminal Behavior*. New York: Halsted Press, 1977.

Mohr, J.W., et al. *Pedophilia and Exhibitionism*. Toronto: University of Toronto Press, 1964.

Monroe, Russell R. *Episodic Behavioral Disorders*. Cambridge, Mass.: Harvard University Press, 1970.

Robins, Lee N. *Deviant Children Grown Up*. Baltimore, Md.: Williams and Wilkins, 1966.

Simon, Rita J. *The Jury and the Defense of Insanity*. Boston: Little, Brown, 1967.

Steadman, Henry J. *Beating a Rap? Defendants Found Incompetent to Stand Trial*. Chicago: University of Chicago Press, 1979.

_____ , and Cocozza, Joseph J. *Careers of the Criminally Insane: Excessive Social Control of Deviance*. Lexington, Mass.: Lexington Books, 1974.

Thornberry, Terence P., and Jacoby, Joseph E. *The Criminally Insane: A Community Follow-up of Mentally Disordered Offenders*. Chicago: University of Chicago Press, 1979.

West, Donald J. *Murder Followed by Suicide*. Cambridge, Mass.: Harvard University Press, 1967.

Reference Books

Allen, Richard C., et al., eds. *Readings in Law and Psychiatry*, rev. ed. Baltimore, Md.: Johns Hopkins University Press, 1975.

American Medical Association. *Guides to the Evaluation of Permanent Impairment*. Chicago: AMA, 1971.

Curran, William J., et al., eds. *Modern Legal Medicine, Psychiatry, and Forensic Science*. Philadelphia: F.A. Davis Co., 1980.

Curran, William J., and Shapiro, E.D. *Law, Medicine, and Forensic Sciences*, 2d. ed. Boston: Little, Brown, 1970.

Glaser, Daniel, ed. *Handbook of Criminology*. Chicago: Rand McNally, 1974.

Holder, Angela R. *Medical Malpractice Law*. New York: John Wiley & Sons, 1975.

Radzinowicz, Leon, and Wolfgang, Marvin E., eds. *Crime and Justice*. 3 vols. New York: Basic Books, 1971.

Spitz, Werner U., and Fisher, Russell, eds. *Medicolegal Investigation of Death: Guidelines for the Application of Pathology to Crime Investigation*. Springfield, Ill.: Charles C. Thomas, 1973.

Wadlington, W., et al. *Cases and Materials on Law and Medicine*. Mineola, N.Y.: Foundation Press, 1980.

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1. Brakel, Samuel J., and Rock, Ronald S., eds. *The Mentally Disabled and the Law*, rev. ed. Chicago: University of Chicago Press, 1971, p. 1.

2. Ibid., p. 2.

3. "M'Naughten's Case," *10 Clark and Finnelly*, 200-14, 8 English Reports, 1843, 718-24.

4. "Matter of Josiah Oakes," 8 *Law Reporter* 123 (Mass. Sup. Ct. 1845). *Cited in* Brakel and Rock, eds., *The Mentally Disabled and the Law*, p. 7, note 32.

5. Ibid., p. 7.

6. Ibid.

7. Brooks, Alexander D. *Law, Psychiatry and the Mental Health System*. Boston: Little, Brown, 1974, pp. 15-19; and ibid., Supplement, 1980, p. 2.

8. Stone, Alan A. "The Conceptual Ambiguity and Morality in Modern Psychiatry." *American Journal of Psychiatry* 137(Aug. 1980):887-91.

9. *See* George, Beauford J., ed. *Effective Utilization of Psychiatric Evidence*. New York: Practicing Law Institute, 1970; Haugen, Gerhard B. *The Psychiatrist as a Witness*. Mundelein, Ill.: Callaghan, 1966; and Ziskind, Jay. *Coping with Psychiatric and Psychological Testimony*. Beverly Hills, Calif.: Law and Psychology Press, 1970.

10. The majority of the books discussed appear in appendix A. The following do not appear on the list: Asch, Sidney H. *Mental Disability in Civil Practice*. Rochester, N.Y.: Lawyers Co-Operative Publishing, 1973; Katz, Jay, et al. *Psychoanalysis, Psychiatry, and Law*. New York: Free Press, 1967; and Miller, Frank W., et al. *The Mental Health Process*, 2d ed. Mineola, N.Y.: Foundation Press, 1976.

11. Bromberg, Walter. *The Uses of Psychiatry in the Law*. Westport, Conn.: Quorum, 1979, p. 427.

12. Slovenko, Ralph. *Psychiatry and Law*. Boston: Little, Brown, 1973.

13. *See* Rutenberg, Rebecca. "Library Services for Forensic Psychiatrists." *Special Libraries* 70(March 1979):113-16; and Mattscheck, Barbara. "Development of a Subject Index in Forensic Psychiatry." *Behavioral & Social Sciences Librarian* 1(Winter 1979):113-15.

14. Bellet Library, University of Pennsylvania Hospital, Philadelphia PA 19104; Sagall Library of Law, Medicine and Health Care, American Society of Law and Medicine, 520 Commonwealth Ave., Boston MA 02215; and Milton Helpern Library of Legal Medicine, 520 First Ave., New York NY 10016.

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Resources for the Mentally Retarded Citizen: A Bibliographic Essay

FRED D. STRIDER
FRANK J. MENOLASCINO

ESSENTIALLY, THE TERM *mental retardation* refers to impaired intellectual functioning. Implicit in this definition is disordered development, impaired learning ability, and consequences of intellectual functioning below what is ordinarily considered to be normative for the culture in which the individual lives. A definition on mental retardation was adopted by the American Association of Mental Deficiency in 1961 and reaffirmed in 1973: "Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and is manifested during the developmental period."[1] This definition specifies three vectors in the diagnosis of mental retardation: (1) general intellectual functioning which falls below that of 97 percent of the population (usually defined by scores on standard psychological tests of intelligence), (2) impaired ability to adapt to and control one's environment (usually defined in terms of ability to learn, delayed or arrested maturation, and impaired social skills), and (3) impairment of development (impairment occurring in the period from conception to about sixteen years of age).

Levels of retardation are usually assessed on the basis of psychological tests of intelligence, such as the Stanford-Binet Intelligence Scale, the Wechsler Intelligence Scale for Children, and the Wechsler Adult

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Intelligence Scale. Until the recent adaptation of the latest revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III) by the American Psychiatric Association, a border line level of mental retardation was assigned to individuals who achieved intelligence quotient (IQ) scores between 68 and 85 on standard tests of intellectual functioning. Mild mental retardation is now related to IQs in the 50-70 range; moderate mental retardation to the 35-49 range; severe mental retardation refers to IQs between 20 and 34. IQ scores below 20 are associated with the classification of profound mental retardation.

The second vector in the diagnosis of mental retardation is impaired social-adaptive behavior, ordinarily manifested by difficulty in coping with the educational, vocational and social demands of the environment. In infancy and early childhood, maturational difficulties are observed in impaired motor development; impaired development in socialization and communication skills; and in limited acquisition of such self-help skills as dressing, toileting and feeding. Retarded children of school age show impaired learning ability. In adulthood, difficulties in interpersonal relationships, limited vocational skills, problems in social conformity, and limitations in socioeconomic independence reveal impaired social adjustment.

Historical Aspects of Mental Retardation

We find no evidence that the physicians of the ancient world, with the exception of Hippocrates and some of his contemporaries, had any interest in mental retardation. The first 1800 years of the Christian Era were a time when the nature of the mind was regarded as the province of theology and philosophy. The Catholic Church provided refuges and almshouses for the mentally ill and the retarded; the entire town of Geel, Belgium, was the first sheltered community provided for the mentally impaired. The Middle Ages, however, were characterized by extremes of rejection, ostracism and cruelty; retardation was an attribute to be ridiculed, or was viewed as evidence of possession and dealt with by exorcism and torture. This view of retardation persisted until the early seventeenth century, when Paracelsus described "cretinous idiocy" as an illness and discussed its frequency of occurrence.

Itard, Jean-Marc G. *The Wild Boy of Aveyron*. Translated by George Humphrey and Muriel Humphrey. New York: Appleton-Century-Crofts, 1962.

Lane, Harlan L. *The Wild Boy of Aveyron*. Cambridge, Mass.: Harvard University Press, 1976.

Seguin, E. *The Moral Treatment, Hygiene, and Education of Idiots and Other Backward Children*. New York: Columbia University Press, 1846.

Binet, Alfred. "La perception des longueurs et des nombres chez quelques petits enfants." *Revue Philosophique* 50(1890):68-91.

_____. "Nouvelles recherches sur la mesure du niveau intellectuel chez les enfants d'école." *L'Année Psychologique* 17(1911):145-201.

_____, and Simon, T. "Sur la nécessité d'établir un diagnostic scientifique des états inférieurs de l'intelligence." *L'Année Psychologique* 11(1905): 163-90.

_____. "Méthodes nouvelles pour le diagnostic du niveau intellectuel des arnormaux." *L'Année Psychologique* 11(1905):191-244.

_____. "Application des méthodes nouvelles au diagnostic du niveau intellectuel chez des enfants normaux et anormaux d'hospice et d'école primaire. *L'Année Psychologique* 11(1905):245-336.

Goddard, Henry H. *The Kallikak Family*. New York: MacMillan, 1912.

Davenport, Charles B. *Heredity in Relation to Eugenics*. New York: Holt, 1913.

Itard's work, published at the turn of the nineteenth century, is perhaps the first description of the beneficial effects of a structured, creative, enriching environment on the effects of retardation. Victor, the "wild boy of Aveyron," was most likely a severely retarded child who had been abandoned by his family. Jean-Marc Gaspard Itard devoted five years to a demonstration of his conviction that Victor could be educated by a carefully designed system of sensory input and habit training. Aspects of Itard's work also reveal recognition of motivation, needs and transference, so that parts of his program with Victor contain elements of modern psychotherapeutic practice. Seguin's work is a landmark in the literature of mental retardation because of its influence in bringing recognition of mental retardation and its presentation of a systematic program for the education of the retarded. A more recent reference is the book by Lane. Seguin's system was introduced in America by Samuel G. Howe, who became director of the first state-supported school for the retarded in South Boston, Massachusetts, in the mid-nineteenth century.

In 1867 a group of American psychiatrists founded the American Association on Mental Deficiency, an organization devoted to the principle that mentally retarded children ("idiots" and "imbeciles") could be significantly improved by psychotherapy and dynamically oriented education. This emphasis on psychological and behavioral approaches to mental retardation was significantly slowed by a trend to investigate the basic nature and cause of mental retardation and the apparent causal relationship between mental retardation and brain pathology, or neurological defect, which emerged from such investigations. At the beginning of the twentieth century, the discovery of brain pathology in

mental retardation brought an end to attempts to educate the retarded. In a few short years, although attitudes of benevolence and human kindness remained in professional approaches to the retarded, custodial care came to replace all other professional approaches. Over the years even these attitudes faded away, and the view of the retarded as defective came to be expressed in programs designed to protect society from the retarded. Institutional models of care, characterized by low budgets, patient labor as an important means of institutional support, penal facilities, incarceration, and neglect, became the standard for treatment of the retarded.

In the early 1900s, the involvement of American psychiatrists in the treatment of mental retardation was essentially ended by the convergence of three events: (1) the development of a rationale for the measurement of intellectual ability, and the application of this rationale in a standardized procedure by Binet; (2) the introduction of the theory and methods of psychoanalysis to American psychiatry; and (3) publication of Goddard's monograph on his genetic study of the Kallikak family. The Binet test quickly became the essential procedure for the diagnosis of mental retardation, the guide for educational programs for retarded persons, and the index of prognosis for social effectiveness. Psychometric procedures replaced psychiatric ones, and use of Binet's test revealed far greater numbers of mentally retarded among populations of prisoners and social misfits. These events led to withdrawal of psychiatry from the field of mental retardation and the conceptualization of the retarded as criminal and dangerous to the social order. Goddard's work related mental retardation to genetic defect, and the belief that heredity was the major cause of mental retardation was established by other researchers. Psychoanalytic successes with neurotic individuals, and limited applications to the retarded, completed the retreat of psychiatry from the field of mental retardation. A new policy demanding immediate institutionalization of the retarded arose from the menacing statistics of psychometric research and the "genetic alarm" first sounded by Goddard and reinforced by Davenport and others.

Blatt, Burton, and Kaplan, Fred. *Christmas in Purgatory*. Boston: Allyn and Bacon, 1966.

Vail, David J. *Dehumanization and the Institutional Career*. Springfield, Ill.: Charles C. Thomas, 1966.

The period from the early 1900s to the 1960s marks an era of incarceration of the retarded in order to "protect society from the deviant." *Christmas in Purgatory* by Blatt and Kaplan documents in

graphic form the institutional world of the retarded citizen, characterized by warehousing, enforced labor and mass sterilization. Vail's work documents this tragic era and aptly refers to the period as one of dehumanization.

The National Association for Retarded Citizens was formed in the mid-1950s. Since that time, the association, parents of the retarded, and persons committed to humanitarian and social justice ideals have brought to the attention of the public the plight of the retarded. The past thirty years have brought about renewed interest in the causes, treatment and amelioration of syndromes of mental retardation. We shall review later these advances in education, training and delivery of services.

Causes of Mental Retardation

Menolascino, Frank J., and Egger, Michael L. *Medical Dimensions of Mental Retardation*. Lincoln: University of Nebraska Press, 1978.

Menolascino, Frank J., and Strider, Fred D. "Advances in the Prevention and Treatment of Mental Retardation." In *American Handbook of Psychiatry*, 2d ed., edited by Silvano Arieti and H.K. Brodie, vol. 7, pp. 614-48. New York: Basic Books, 1981.

Hilliard, L.T., and Kirman, Brian H. *Mental Deficiency*, 2d ed. Boston: Little, Brown, 1965.

Over 350 causes of mental retardation have been identified. Menolascino and Egger review these syndromes as they are related to genetic factors; prenatal, perinatal, and postnatal factors; hypothyroidism; disorders of brain and skull formation; spinal column disorders; epilepsy; and other disorders of the central nervous system. Detailed information on the specific causes of these disease processes which produce the symptoms of mental retardation are found in texts such as that by Hilliard and Kirman. Modern approaches to the prevention and treatment of mental retardation are presented as models of primary (prevention of the appearance of a disorder), secondary (early diagnosis, effective treatment and return of the person to a normative state), and tertiary (minimization of the remaining handicaps and return of the person to as high a level of functioning as possible) prevention, and detailed in Menolascino and Strider's chapter of *American Handbook of Psychiatry*.

Masland, Richard L., et al. *Mental Subnormality*. New York: Basic Books, 1958.

Robinson, Halbert B., and Robinson, Nancy M. *The Mentally Retarded Child: A Psychsocial Approach*, 2d ed. New York: McGraw-Hill, 1976.

Mercer, Jane R. *Labeling the Mentally Retarded: Clinical and Social System Perspectives on Mental Retardation*. Berkeley: University of California Press, 1973.

In addition to reviewing the biological and physiological causes of mental retardation, social and cultural determinants are included in the reference by Masland, Sarason and Gladwin, and are stressed in Robinson and Robinson. Lastly, the diagnostic problems which psychosocial factors can cause in mislabeling a person who is mentally retarded are cogently reviewed by Mercer.

Solomons, G. "Counseling Parents of the Retarded: The Interpretation Interview." In *Psychiatric Approaches to Mental Retardation*, edited by Frank J. Menolascino, pp. 455-75. New York: Basic Books, 1970.

Interpretation of the diagnosis of mental retardation to a child's parents is a cornerstone for future helpful therapeutic intervention. If clinicians fail at this point to help parents understand their child's problems, the parents may shop for further diagnostic services rather than focus upon effective treatment and intervention. The interpretation interview is reviewed by Solomons and Menolascino.

Noland, Robert L. *Counseling Parents of the Mentally Retarded: A Sourcebook*. Springfield, Ill.: Charles C. Thomas, 1970.

Menolascino, Frank J., and Egger, Michael L. *Medical Dimensions of Mental Retardation*. Lincoln: University of Nebraska Press, 1978, pp. 423-30.

Helping parents to accept the diagnosis of mental retardation in their child requires an awareness of the family dynamics. Such concerns are discussed by Noland and by Menolascino and Egger as constituting a necessary step toward actively involving the family in modern treatment programs for the child.

Delivery of Services to the Mentally Retarded

Stedman, D.J. "Important Considerations in the Review and Evaluation of Educational Intervention Programs." In *Research to Practice in Mental Retardation: IASSMD Proceedings*, vol. 1: *Care and Prevention*, edited by Peter Mittler and Jean M. de Jong, pp. 99-108. Baltimore, Md.: University Park Press, 1977.

Barber, H. "Intervention in Infancy: A Developmental Approach." In *The Mentally Retarded and Society: A Social Science Perspective*, edited by Michael J. Begab and Stephen A. Richardson, pp. 287-303. Baltimore, Md.: University Park Press, 1975.

Hayden, A.H., and Haring, N.G. "The Acceleration and Maintenance of Developmental Gains in Down's Syndrome School Age Children." In *IASSMD Proceedings*, vol. 1, pp. 129-41.

Hayden, A.H., and Pious, C.G. "A Case for Early Intervention." In *Teaching the Severely Handicapped*, vol. 4, edited by E.B. Edgar and R. York, pp. 265-87. Seattle, Wash.: American Association for the Education of the Severely/Profoundly Handicapped, 1979.

Early childhood education has been increasingly viewed as a key treatment intervention program for the mentally retarded. The rationale and need for such early intervention is well presented by Stedman. The value of such early intervention programs has also been documented by the experimental study of the Milwaukee Project. In the longitudinal follow-up studies by Hayden and Haring, the effectiveness and cost efficiency of early intervention programs for the mentally retarded are clearly demonstrated and documented.

Education for the Mentally Retarded

Robinson, Halbert B., and Robinson, Nancy M. *The Mentally Retarded Child: A Psychosocial Approach*, 2d ed. New York: McGraw-Hill, 1976.

Hutt, Max L., and Gibby, Robert G. *The Mentally Retarded Child: Development, Education and Guidance*. Boston: Allyn and Bacon, 1958.

MacMillan, Donald L. *Behavior Modification in Education*. Edited by Patrick T. McConahay. New York: Macmillan, 1973.

Hardy, Richard E., and Cull, John G., eds. *Mental Retardation and Physical Disability*. Springfield, Ill.: Charles C. Thomas, 1974.

Freeman, Stephen W. *The Epileptic in Home, School, and Society: Coping with the Invisible Handicap*. Springfield, Ill.: Charles C. Thomas, 1979.

Bernstein, Norman R., and Menolascino, Frank J. "Apparent and Relative Mental Retardation: Their Challenges to Psychiatric Treatment." In *Psychiatric Approaches to Mental Retardation*, edited by Frank J. Menolascino, pp. 91-114. New York: Basic Books, 1970.

Michaelis, Carol T. *Home and School Partnerships in Exceptional Education*. Rockville, Md.: Aspen Systems Corp., 1980.

Special education services for retarded children and adolescents have been greatly enhanced by the passage of national legislation (Public Law 94-142) which mandates these services for all. There has followed a plethora of basic special education programs, as presented by Robinson and Robinson, Hutt and Gibby, and MacMillan. Further, these special education approaches have also focused on retarded persons with allied handicaps such as a physical disability (Hardy and Cull), seizures (Freeman), and emotional disorders (Bernstein and Menolascino). Lastly, the closely allied roles of professionals and parents in special education has been underscored by Michaelis.

Baumeister, Alfred A., ed. *Mental Retardation: Appraisal, Education and Rehabilitation*. Chicago: Aldine, 1967.

Bellamy, G. Thomas, et al. *Vocational Habilitation of Severely Retarded Adults*. Baltimore, Md.: University Park Press, 1979.

Vocational habilitation with focus on the world of work has been reviewed as to basic concepts by Baumeister and, more recently, refined by Bellamy.

Menolascino, Frank J., ed. *Psychiatric Approaches to Mental Retardation*. New York: Basic Books, 1970.

Szymanski, Ludwik S., and Tanguay, Peter E., eds. *Emotional Disorders of Mentally Retarded Persons: Assessment, Treatment and Consultation*. Baltimore, Md.: University Park Press, 1980.

Group for the Advancement of Psychiatry. Committee on Mental Retardation. *Psychiatric Consultation in Mental Retardation*, vol. 10. Pittsburgh, Pa.: Group for the Advancement of Psychiatry, 1979.

Emotional problems often plague the lives of the mentally retarded and present major stumbling blocks to their education and habilitation. Scientific study of the types of emotional disorders was delineated by Menolascino in 1970. Treatment aspects have been reviewed by Szymanski and Tanguay. Effective psychiatric consultation modalities have been presented by the Group for the Advancement of Psychiatry.

New Approaches to the Problem

Wolfensberger, Wolf. "The Origin and Nature of Our Institutional Models." In *Changing Patterns in the Residential Services for the Mentally Retarded*, edited by Robert B. Kugel and Wolf Wolfensberger, pp. 59-171b. Washington, D.C.: USGPO, 1969.

The past decade has witnessed significant changes in attitudes toward mental retardation. A major advance has been the erosion of the once-prevalent "deterioration" model of mental retardation in favor of a more positive view. The modern positive attitude views the mentally retarded individual, even if severely retarded, as capable of growth, development and learning. This point of view is termed the "developmental model," as noted by Wolfensberger.

Nirje, Bengt. "The Normalization Principle and its Human Management Implications." In *Changing Patterns in the Residential Services for the Mentally Retarded*, edited by Robert B. Kugel and Wolf Wolfensberger, p. 181. Washington, D.C.: USGPO, 1969.

Another major force in the ideological shift that began in the late 1960s was the normalization principle. It was first systematically elabo-

rated by Nirje in 1969, who defined the concept as "making available to the mentally retarded the patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society."

Menolascino, Frank J. *Challenges in Mental Retardation: Progressive Ideology and Services.* New York: Human Sciences Press, 1977.

Both the developmental model and the concept of normalization have become the cornerstones for minimizing the mental and physical handicaps of the retarded via modern program methods, so that their handicaps become less pronounced. Further, these twin concepts have stressed that the retarded person has the same rights for self-actualization in the world as do all other citizens. Further, these concepts have become the basis for moving away from the dehumanization of traditional care. Indeed, they have become the basis for the deinstitutionalization movement.

Eastern Nebraska Community Office of Retardation. *Five Year Plan.* Omaha, Neb.: ENCOR, 1980.

Dybwad, Gunner, ed. *New Neighbors: The Retarded Citizen in Quest of a Home* (President's Committee on Mental Retardation, Report to the President MR79). Washington, D.C.: USGPO, 1980.

Elliott, Ian, ed. *Mental Retardation: The Leading Edge. Service Programs that Work* (President's Committee on Mental Retardation, Report to the President MR78). Washington, D.C.: USGPO, 1979.

Concurrently, there has gradually arisen across the country a number of community-based programs and systems of services for the mentally retarded which embrace educational, vocational, social, and residential services for the retarded citizen from birth until death. These systems are reviewed in the ENCOR report and in the 1978 report to the president by the President's Committee on Mental Retardation.

Rights of the Mentally Retarded

Basic Rights of the Mentally Handicapped. Washington, D.C.: Mental Health Law Project, 1973.

Friedman, Paul R. "Human and Legal Rights of Mentally Retarded Persons." *International Journal of Health* 6(Spring 1977):50-72.

The rights of the mentally retarded have been a major theme in the current work in the field of mental retardation. As noted by the Mental Health Law Project, initial thrusts were on the right to treatment, right to compensation for institution-maintaining labor, and right to educa-

tion. As noted by Friedman, the advocacy of human and legal rights for the retarded began to encompass due process protection in civil commitment and guardianship proceedings, legal limitations on hazardous research procedures, employment rights, right to a barrier-free environment, sexual and marital rights, etc.

Mason, Bruce G., and Menolascino, Frank J. "The Right to Treatment for Mentally Retarded Citizens: An Evolving Legal and Scientific Interface." *Creighton Law Review* 10(Oct. 1976):124-69.

Pennhurst State School and Hospital *v.* Haldeman, Civil Act No. 74-135, U.S. District Court, Eastern District, Penn., 1977.

American Psychiatric Association. "Position Statement on the Right to Adequate Care and Treatment for the Mentally Ill and Mentally Retarded." *American Journal of Psychiatry* 134(March 1977):354-55.

The most dramatic advocacy as to rights of the mentally retarded has been the thrust for right to treatment. The initial seminal formulation of a constitutional right to habilitation for mentally retarded citizens involuntarily confined in state institutions appeared in *Wyatt* v. *Stickney*. This particular Federal Court Decision, reviewed by Mason and Menolascino, has not only set the tone for dramatic improvement in institutional care for the retarded, but has also raised the issue of whether institutions are a viable treatment modality for the mentally retarded. This evolving legal and scientific interface has spawned right-to-treatment cases in virtually every state, and was recently the subject of a Supreme Court decision. (See *Pennhurst State School and Hospital* v. *Haldeman*, and the position statement on the right to adequate care and treatment for the mentally ill and mentally retarded of the American Psychiatric Association.)

Research and Prevention of Mental Retardation

Mittler, Peter, and de Jong, Jean M., eds. *Research to Practice in Mental Retardation: IASSMD Proceedings*. 3 vols. Baltimore, Md.: University Park Press, 1977.

Research to elucidate the multiple causes of the symptom of mental retardation must, by necessity, cover a broad range of activity. As noted in the excellent international overview of research in mental retardation by Mittler and de Jong, there is much activity in biochemical, metabolic, genetic, pharmacological, and developmental areas. Research activities range from prenatal nutrition to maximizing the daily activity schedules of the elderly retarded citizen.

Preventing Mental Retardation—More Can Be Done (Report of the U.S. Comptroller General). Washington, D.C.: USGPO, 1977.

Menolascino, Frank J., and Strider, Fred D. "Advances in the Prevention and Treatment of Mental Retardation." In *American Handbook of Psychiatry*, 2d ed., edited by Silvano Arieti and H.K. Brodie, vol. 7, pp. 614-48. New York: Basic Books, 1981.

Closely allied to research are the ongoing efforts to apply the fruits of such endeavors. Specifically, there are a wide variety of primary, secondary and tertiary prevention activities underway, as reviewed in a 1977 report to Congress by the Government Accounting Office and in the review by Strider and Menolascino.

Resources for Parents of the Mentally Retarded

The major organized advocacy group for the mentally retarded is the Association for Retarded Citizens (ARC), which has its national offices in Arlington, Texas.* Each state has an office of this national advocacy group. In New York state, an allied group is the New York Association for Retarded Children. Beyond the national and state organizational format, there are over 2000 local ARC units in our country, whose addresses and phone numbers are obtainable from local telephone directories. These local/state/national ARC offices are an excellent first step for parents seeking information or services for their retarded child. Other major resources include a developmental disabilities office, which can be reached by contacting the governor's office in any state. Information and services can also be obtained, in many states, by contacting the local university-affiliated program, a national network of twenty-four major programs in mental retardation which provide information, training and services for mentally retarded citizens. Each state government has a department of mental health/mental retardation which can be contacted for specific and general information.

Dybwad, Rosemary F. *International Directory of Mental Retardation Sources*, 2d rev. ed. Washington, D.C.: USGPO, 1978.

Professional organizations, which can also be a source of information, include the American Association on Mental Deficiency, (5101 Wisconsin Ave. NW, Washington, D.C. 20016), the American Psychological Association, and the National Association of Social Workers. These national organizations also publish excellent journals concern-

*Association for Retarded Citizens, 2501 Avenue J, Arlington, TX 76011. (tel.: 817-640-0204)

ing research and service activity in the field of mental retardation: *American Journal of Mental Deficiency, Mental Retardation Journal,* and the journals of the professional organizations. Information as to international programs has been provided by Rosemary Dybwad.

Library Resources for the Mentally Retarded

Although some library resources have been noted above with regard to professional journals, a number of specific library resources are available. Each of the twenty-four university-affiliated programs noted above has both general and specific library resources concerning mental retardation. Similarly, there are a number of regional medical libraries which have extensive collections on this topic. In particular, there are national library resources at the headquarters of the Association for Retarded Citizens in Arlington, Texas, the headquarters of the Canadian Association for the Retarded in Toronto, Canada, and the offices of the President's Committee on Mental Retardation in Washington, D.C.

American Library Association. *Standards for Libraries at Institutions for the Mentally Retarded.* Chicago: ALA, 1981.

Matthews, Geraldine. *Library Information Service Programs in Residential Facilities for the Mentally Retarded.* Madison: Wisconsin Department of Public Instruction, 1974.

The American Library Association has prepared a draft "Standards for Libraries at Institutions for the Mentally Retarded." Matthews has also surveyed library information service programs in facilities for the mentally retarded.

An exciting trend in the utilization of library resources has been that of "living library resources," which over the last six or seven years has provided special toy libraries for the parents of the handicapped, packaged behavioral analysis programs (with or without videotape components), and a variety of manual aids for helping the parent to interact directly and more effectively with a retarded son or daughter. The use of mobile vans which travel to community neighborhoods, high levels of personal contact, and the packaging of highly technological information into everyday language are remarkable features of this new trend. Indeed, reaching out to the handicapped citizen and his parents via the specific library resources of the community signifies the direct delivery of library services where the consumer needs them most.

Summary

The role of the librarian in providing up-to-date informational resources on a topic as diverse as mental retardation is difficult to accomplish. In this article we have reviewed different types of resources that are available, sources for obtaining more specific information, and a wide variety of resources which must be orchestrated for delivery of information to retarded citizens and their parents. It is hoped that this article has helped to clarify how significantly needed services can best be delivered, in view of the state of modern library practices and technology, and the library's active involvement in community problems.

Reference

1. American Association on Mental Deficiency. *Manual on Terminology and Classification in Mental Retardation* (AAMR Special Publication Series No. 2), rev. ed., edited by Herbert J. Grossman. Baltimore, Md.: Garamond/Pridemark Press, 1973, p. 5.

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Audiovisuals in Mental Health

BRIGITTE L. KENNEY

THE MENTAL HEALTH FIELD is characterized by heavy and varied uses of audiovisual materials. Film, television and video, as well as audio materials, have found useful applications in teaching, research, patient care, and patient education. This article describes major uses of these media; discusses problems in selection and bibliographic control, production and collection maintenance; and concludes with a list of media sources. Audiovisual media considered here include film, television and video, as well as audiotapes. Slides, transparencies and other audiovisuals are treated briefly, because their use is not as prevalent in the mental health field as film and video.

There is a need for the librarian to understand how audiovisuals are useful in mental health treatment, research and training, and the audiovisual specialist should understand the special problems audiovisuals pose in the library. The ultimate goal is easy access to the best material available, and the purpose of this article is to give basic information and reference sources to make this possible.

Uses of Audiovisuals in Mental Health

The uses of audiovisual materials for the treatment of mental conditions began in the late twenties with the use of audiotape recorders which permitted playback and analysis of the confidential and private patient interview. In the sixties experimental devices permitted the analysis of voice characteristics, and thus aided the therapist in his

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diagnoses of stress, anxiety, pleasure, and other conditions. Television was introduced in the late fifties and has been one of the more important elements in psychiatric work ever since. Many departments of psychiatry acquired their own studio facilities and equipment and began to integrate video into all activities of their departments. Rather than presenting patients "live" at conferences and running the risk of not being able to show a certain condition at the very moment of presentation, videotapes could be made at any time and played back when convenient.

Supervision and training of medical students and residents is enhanced by being able to tape their interactions with patients for later analysis.[1] In the teaching of the Mental Status Examination, students using videotaped examples made more accurate judgments than those who had not used tapes.[2] In other areas of training, child psychiatrists can benefit from videotaped segments showing mother-child interactions; developmental concepts may be more easily learned by this method.[3] The training of family therapists is enhanced by video feedback which increases self-awareness.[4]

Audiovisuals have also been used successfully in patient treatment and patient education. Video feedback was used effectively with anorexic and depressed viewers[5] and agoraphobics.[6] Other examples in patient education include use of audiovisuals with heroin addicts,[7] alcoholics,[8] and the reintegration of the mentally retarded into the community.[9] To survey and review this material, computer searches in the MEDLARS and ERIC data bases, as well as the bibliographies of Muzekari[10] and Kenney,[11] are useful. Roeske gives an excellent overview of the advantages of using videotapes in psychiatric training, describes video's special capabilities, and gives production hints.[12]

There are a few books that are particularly helpful for those interested in the applications of television in mental health.[13] Berger's *Videotape Techniques in Psychiatric Training and Treatment* is a good basic text. This collection of articles, updated in 1978, discusses confrontation, training, treatment, legal, moral, and ethical issues; a useful bibliography is appended. Fryrear and Fleshman's *Videotherapy in Mental Health* includes chapters on body expression, visual imagery, and the artistic use of video. *Studying Visual Communication* by Worth is a collection of essays on the semiotics of film and television—how meaning is communicated through visual images. Worth was involved in the use of film in education and research, and felt that the filmmaking process itself could add to our understanding of the visual mode of communication. Berger has used members of a group as "film-

maker" during videotaped group sessions with interesting results. Many of Worth's exciting ideas could bring a whole new dimension to the use of audiovisuals in the future.

The selecting, obtaining, organizing, and storing of audiovisuals is basic to any collection. In addition, there are legal considerations, such as patients' rights and copyright matters, to consider. The remainder of this article will review these areas.

Selection

Catalogs

A wealth of catalogs and other listings is available for the selection of mental health audiovisuals. Most, however, list films and video materials only, so the locating of audiotapes, slides and other media can be difficult. There is no one place to look.

Almost all general film and video catalogs contain at least a few titles which are useful for mental health purposes. Specialized listings of mental health materials are available from drug companies and some commercial film-makers. Another valuable source of such film listings is the catalogs issued by many mental health and psychiatric libraries. The Mental Health Materials Center[14] lists a great many titles, as does the National Information Center for Educational Media at the University of Southern California.[15] Many universities prepare listings of their holdings as well as materials produced by them. For example, the Educational Research and Development Complex of the State University of New York at Buffalo issues a *Drug and Health Mediagraphy* with volume II entirely on mental health.[16] Films on mental retardation are listed by the University of Oregon's Mental Retardation Rehabilitation Research and Training Center,[17] and the National Audiovisual Center lists government-produced films and other materials on special education.[18] Professional associations, such as the American Group Psychotherapy Association (AGPA), issue lists of films; the AGPA list is on family and group psychotherapy.[19] An annotated list of thirty-nine media sources follows this article (see appendix C).

Reviews and Other Sources

Many professional journals in the field include reviews, abstracts and annotations of audiovisual materials which can help in the selection process. They may be descriptive and/or critical, permitting the potential buyer to be aware of special problems, audience level, techni-

cal quality, and other factors. General selection media such as *Choice* and *Booklist*, published by the American Library Association (ALA), carry audiovisual reviews. More specialized reviews may be found in journals such as *Hospital and Community Psychiatry, TV in Psychiatry Newsletter,*[20] and particularly the Mental Health Materials Center publications mentioned earlier, as well as their *Sneak Previews.*[21] Textbooks on psychiatry often contain annotated lists of materials found especially useful by the author(s).[22] Professional conferences are another good source of newly available audiovisuals, where these are often shown for the first time and the showing is followed by critical discussions.

A number of indexes are available to the potential user of mental health audiovisuals. Some general sources, such as the *Film and Video Review Index,*[23] carry titles only, and list all reviews of audiovisuals appearing in sources such as the *New York Times, Time* and *Newsweek* below each title. The National Information Center for Educational Media (NICEM) issues catalogs and also makes its listings available in a machine-readable data base. The National Library of Medicine's AVLINE has been specifically designed to permit quick access to reviewed audiovisual materials.[24] A selected list of reviewing media and indexes is given in appendix D.

Acquisitions

When materials are to be acquired, one of the first decisions to be made is whether to rent, purchase or borrow the material. This becomes an issue because of the relatively high cost of films and video materials. Renting can be difficult because popular material must be scheduled months in advance. Outright purchase permits the owner to use the material for professional purposes only but otherwise without limits. It may be shown to any professional audience, and as many times as desired. Special permission should be obtained if the film or tape is to be shown to audiences other than those for which it was intended. It is becoming increasingly difficult to preview material before purchase. Videotapes and other audiovisual materials are borrowed and loaned between libraries using standard interlibrary loan forms. There may be audience restrictions, there are copyright restrictions (which will be discussed), and the borrowing library is ultimately responsible for the safe return of the material. The National Audiovisual Center (8600 Rockville Pike, Bethesda, MD 20209) is now loaning material on a two-year trial basis. Videocassettes available are tagged as such in the

AVLINE data base. A *Fact Sheet* with complete details is also available from the center.

Many institutions ask those who borrow or otherwise use film and video materials to provide an evaluation. Such ongoing evaluations serve at least two purposes:

1. They help determine "best seller" or especially good material, and such qualitative comments can then be included in any description or annotation which is provided to future users, enabling them to choose better among the wide variety of material.
2. Evaluations also aid in the weeding process. If user comments are consistently negative or noncommittal, the material in question may well be a candidate for discard or recycling.

A sample evaluation form is included as appendix B.

Cataloging

Until recently, cataloging of audiovisual materials was treated as a difficult and complicated task. Since techniques developed for book materials did not appear to work, catalogers of many audiovisual collections devised their own means of describing and listing such materials. With the publication of the second edition of the *Anglo-American Cataloging Rules* in 1978,[25] a standardized set of procedures became available. Chapter 12 of these rules deals with "Audiovisual Media and Special Instructional Materials" and contains detailed rules for the unambiguous description of many types of materials, thus removing much of the mystery which formerly surrounded the organization of audiovisuals. The Library of Congress began to catalog videorecordings in 1979, using the NICEM Master Input Forms which are available for cataloging from the Library of Congress.[26] Persons just begining to catalog their video collections will find these forms very useful; they can also be used to submit cataloged items to NICEM for listing in its media catalogs and data base. A full cataloging service is also available from NICEM if contracting for such service is deemed desirable.[27]

Online cataloging systems such as OCLC increasingly contain audiovisual cataloging and should in all cases be checked before undertaking in-house activities. Many libraries now contract for cataloging of audiovisuals along with their books from these online services.

Indexing

Providing subject access to audiovisual materials is no more difficult than providing such access to other types of library materials. Whatever system is used by the library should be applied to audiovisuals as well. Medical subject headings (MeSH) are used with the National Library of Medicine classification system for audiovisuals in many medical libraries with mental health collections.

In-depth indexing and retrieval of videotaped psychiatric interviews is more difficult and costly. Particular segments where certain behaviors occur must be identified, described, evaluated, and accessed so that retrieval is possible. One system was designed by this author in 1968/69 during a research project at the University of Mississippi Medical Center.[28] With the help of computers, systems like this may become more feasible in the future. Other, less costly systems are in use. Main access points usually are: name of patient, name of therapist, diagnosis according to DSM III,[29] type of interview (individual, group), treatment modality, and location of beginning and end of segment on the tape. Index cards are made up with these headings and the cards are sorted and reviewed manually. The Payne Whitney Psychiatric Clinic Media Center (New York Hosptial-Cornell Medical Center) presently is using such a system, and it would be possible to computerize a simple system such as this.

Storage

The storage of audiovisual materials can be a problem because of the many formats and sizes of material and the vulnerability of tapes to the elements. Increasingly, containers are available which permit all types of materials to be shelved together, a feature deemed desirable by many librarians who would like to see audiovisual materials used as frequently and in the same manner as print materials. If access is provided in the public catalog and material is intershelved, users are encouraged to approach all types of material together. Viewing and listening equipment should be conveniently located and easily available. Special cabinets and shelving are also available, and these are sold by library and audiovisual supply houses.

Transfer

The transfer of audiovisuals from one format to another is increasing. Many films are now available in videocassette formats and video-

discs are becoming more easily available. While videotapes can easily be copied if two machines are available, this is not true for videodiscs, which have to be "mastered" in the same way as phonorecordings. This is usually done at the production facility because of the very high cost of mastering equipment. They cannot be erased and used again, but they do have the advantages of being virtually impervious to damage and of holding a great deal of information (at the present time, approximately 54,000 frames of information on one side of the disc). Efforts are underway to design retrieval systems for information stored on videodiscs using micro- and other computers. Even at the present time, stop-start and freeze features make videodiscs suitable for in-depth viewing.

Care of Tapes

The care of tapes, audio and video, is important because the investment cost is so high. In his excellent one-page article, "Taking Care of Tape," Ellison highlights necessary precautions. To summarize some points:

—Tapes should be stored at a constant 70 degree temperature with 50 percent humidity.
—Tapes must be kept away from high-intensity electrical and magnetic fields. Speakers, for example, should be kept three feet away from stored tapes. A few seconds within a magnetic field can ruin the tape.
—Dirty tapes can clog the videocassette machine. Atmosphere should be as dust-free as possible, and there should be no smoking in the area.[30]

Patients' Rights

Psychiatric materials featuring patient interviews are subject to the same privacy provisions as other patient records. Patients are usually asked to provide consent for interviews to be shown to "professional audiences" or for "professional purposes," but a problem exists with "informed consent." How capable is the patient of judging for himself/herself whether or not he/she wants his/her innermost thoughts viewed by others? Does the patient have sufficient information to make such a decision? Who provided this information? Was it extensive enough? Is the patient in full control of his/her mental capabilities to make a truly voluntary decision? Or is the patient trying to please his/her therapist by consenting? A great deal of literature exists on the "informed consent" problem and should be studied carefully, so that patient privacy and freedom to make decisions are maintained.[31]

Consent forms are in wide use; they usually contain the "consent clause" itself as well as another statement which releases the institution and its employees from all liability and damages connected with the use of the videorecording. Usually, there is a separate clause which provides for extramural use of such material. A sample consent form is provided in appendix A. Any consent form should be reviewed by legal counsel of the individual institution or facility, because needs and procedures differ.

In order to avoid legal difficulties, no patient, his/her family or friends should be recorded or filmed unless proper forms have been signed. The library should have up-to-date information on these issues for the audiovisual and medical staff. It is also important for the librarian to have release forms on file, because the material is viewed in the library and is often part of the collection.

Copyright

The Copyright Act of 1976 has proven to be a complicated set of regulations that still needs much clarification. Section 107, the fair use provision, has yet to be interpreted satisfactorily. A special office, the Performing Arts Section, has been set up in the Copyright Office of the Library of Congress to answer specific questions for the arts.[32] Circulars such as R45, "Copyright Registration for Motion Pictures Including Video Recordings," are being issued continually by the Copyright Office, and it is important to be on its mailing list. Amato has written a clear article entitled "Copyright Made Easy for Film/Video."[33] Along with explaining the copyright procedure for the producer, she discusses when copyright permission is or is not required for reproducing tapes in one's possession.

Copyright provisions must be observed at all times when borrowing materials. The material may not be copied unless prior permission has been obtained from the originating source or producer. Noncopyrighted materials can legally be copied, but as a professional courtesy, permission should be asked before doing so.

Sometimes agreements are worked out with copyright owners to gain permission to copy under license. This license is usually restricted to "within-system" use; that is, several copies of a work are made for various physically separated locations within an organization or institution.

Lease fees are, of course, less expensive than purchase, but cost alone should not be the criterion for the lease/rent *v.* purchase decision.

Instead, the decision should be based on expected use; if a film or tape is likely to be shown more than once or twice, it should probably be purchased for the permanent collection. Getting it back every time it is needed can be difficult, as already mentioned.

To facilitate licensing, a Television Licensing Center has been established by Films, Inc. in Wilmette, Illinois. It will serve as a central source in issuing off-air copying rights to educators. The center secures rights from the publisher or producer of educational programs on commercial and public television, and will, for a small fee, pass them on to educators. The producers receive royalties from the center. For most programs, a license to make up to three copies and retain them for one year costs $50 per copy per program hour. A five-year license costs $125. Free preview time is forty-five days. The center "will handle programs... from kindergarten to adult learner levels"[34] and should therefore include materials useful for mental health. It should be noted here that quite a few programs aired over public television stations are available for off-air copying, but several are restricted each month and may not be copied. These are listed in the periodical *Cable Libraries*. If in doubt, the local PBS station should be contacted.

Another way to find out if copying rights may be granted for a particular audiovisual is to contact the Association of Media Producers (AMP). This group issues a *Directory of Rights and Permissions Officers* which lists names and telephone numbers of contacts among AMP members who should be asked about rights to videotape broadcasts and nonbroadcast programs.

Summary and Conclusions

Film, video- and audiorecordings have found wide acceptance in the mental health field as a means of enhancing teaching, research and patient care. The video medium is especially useful because of its technical advantages—flexibility and ease of production and editing. In turn, audiovisuals are an increasingly important part of many mental health library collections.

Video permits the patient to see himself/herself as others do, puts the patient in touch with reality, and can therefore substantially contribute to his/her improvement. Teaching is enhanced in that a patient exhibiting certain behaviors can be shown to many people and in geographically dispersed locations. By viewing the same patient, mental health personnel can sharpen their observation skills, their clinical judgments, and their diagnostic observations. Nonverbal behavior can

be studied especially well, because the camera can zoom in on hands or face and highlight such behavior better than could be done by presenting a "live" patient. Videotapes as well as other audiovisuals in the library provide access to this material by the greatest number of mental health professionals.

As the acceptance of the video medium grows by increased ownership of such devices as videotape recorders and videodiscs, it will no doubt become even more integrated into the mental health field. A large body of research shows that with few exceptions, the visual medium has improved mental health activities of all types. As the concept of the "electronic cottage"[35] or the "home information utility" grows to encompass all types of electronic devices in the home, it may be anticipated that much mental health education will also move into the home with beneficial results for everyone who has to cope with the stresses of modern society.

Appendix A

Sample Patient Consent Form

DATE (MO.DY.YR.) LOCATION SERVICE

AGE DOCTOR IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

I. AUTHORIZATION AND RELEASE FOR MEDIA RECORDING

I hereby give authorization and consent to _____ _____ and the other institutions which are a part of _____ and their staff, for the video/or audio recording of _____ and my/his/her course of
NAME OF PATIENT—PLEASE PRINT
treatment at _____. I further authorize and consent to the use of such recordings in connection with educational and research programs and activities at _____. I do further authorize and consent to the release of the information contained in the record of treatment of said patient for use in connection with such educational and research programs and activities.

I hereby release _____ and the institutions which are a part of _____ and their staff and employees, from all liability and damages in connection with the use of the recordings and disclosures of information which I have above authorized.

I give this authorization and release with the understanding that the above recordings and information will not be used commercially and will be used only as provided and only in the interest and advancement of mental health education, research, care and treatment.

Date:

_____
(Signature of patient)

_____
(Witness to signature[s])

_____
(Signature of patient or guardian if required) (Relationship to patient)

_____
(Signature[s] of all other participants)

Appendix A—*Continued*

NOTES:

If the patient is under eighteen (18) years of age, the permission of a parent or legal guardian must also be obtained, unless the patient is married or the parent of a child.

Any further LIMITATIONS on the above authorization and consent must be placed above the signature.

II. EXTRAMURAL CONSENT FORM

In addition to the above I also give permission for this recording to be utilized at _____ for the express purpose of _____ .

Date:

_____ _____

(Witness to signature[s]) (Signature of patient)

_____ _____

(Signature[s] of all other participants) (Signature of patient or guardian if required) (Relationship to patient)

Appendix B

Sample Borrower's Evaluation Sheet*

Evaluator's Name (Optional):

Audiovisual Evaluation

Title:_____ Date:_____

Source:_____

1. Content	YES	SOME-WHAT	NO
a. Is it authoritative? Does it reflect the best current understanding of its subject?	_____	_____	_____
b. Does it say something substantial and worthwhile?	_____	_____	_____
c. Does it present a balanced picture?	_____	_____	_____
d. Does it contain anything doubtful? (If so, what?)	_____	_____	_____
e. Does it maintain integrity as an educational tool, without recourse to emotional biases, propaganda pressures, or other ulterior motives?	_____	_____	_____

2. Presentation	GOOD	FAIR	POOR
a. Photography	_____	_____	_____
b. Sound	_____	_____	_____
c. Structure (organization, editing and continuity)	_____	_____	_____
d. Basic concept and writing	_____	_____	_____
e. Acting and direction (if applicable)	_____	_____	_____

3. Usefulness	YES	SOME-WHAT	NO
a. Is it appropriate for intended audience?	_____	_____	_____
b. Will it hold audience's interest?	_____	_____	_____
c. Will it teach or inform?	_____	_____	_____
d. Will it stimulate discussion?	_____	_____	_____

Your "Off-the-Cuff"Opinions:
1. Did you like the film?
2. Would you use it or recommend it?
3. How do you see it being used?
4. How many stars would you give it? (zero to four)
5. Any other comments?

*Example courtesy of Mental Health Materials Center, 30 East 29th St., New York, NY 10016.

Appendix C

Sources of Mental Health Audiovisuals

(Note: The following are in alphabetical order by title except where no titles were available.)

About Aging: A Catalog of Films, 4th ed., 1979. Produced by Andrus Gerontology Center, University of Southern California, 3715 McClintock Ave., Los Angeles, CA 90007. Films and videocassettes on aging are listed. There are subject and title indexes as well as a special index for feature-length films. A list of distributors is included.

Audiovisuals on Psychology and Psychiatry, 1980. One of several useful library listings, produced by the Gustave and Janet W. Levy Library, Mt. Sinai Medical Center, 1 Gustave Levy Place, New York, NY 10029. There are listings of about 70 audio and video titles which are available through interlibrary loan. A loan policy statement is appended.

Catalog of 16mm Educational Motion Pictures, 1974-77. New York University Film Library, 26 Washington Place, New York, NY 10003. This volume contains a large number of films suitable for mental health training in elementary and secondary schools as well as for professional mental health education. *Catalog Supplements for 1978* and *for 1980* update this listing, which is arranged by subject and title, and contain a brief annotation for each film. The catalog and its updates are available free.

Catalog of Audiovisual Materials Related to Rehabilitation, 1971. Edited by Joe Mann and Jim Henderson, this catalog is published by the Alabama Rehabilitation Media Service, Auburn University, Auburn, AL 36830. Though compiled in 1971, it may still be useful because of its comprehensiveness (353 pages) and detailed subject classification.

Catalog of Programs of Video and Audiotape, 1979-1980. This listing is from the Kingsboro Psychiatric Center, 381 Clarkson Ave., Brooklyn, NY 11203, and contains seven videotapes and three sets of audiocassettes. Price and rental information is included. There are occasional updates.

The Comprehensive Nursing Audiovisual Resource List: 1979. 3 vols. This extensive catalog is produced by the Health Center Library, University of Connecticut, Farmington, CT 06032. Volume one contains a subject index, volumes two and three are title indexes. There are 9000 individual listings, including videocassettes, slides, films, and audiocassettes. Abstracts and audience level are included in each entry. There is also a 1981-82 update of 6000 listings in two volumes.

Death, Grief and Bereavement. Audiocassettes presented by the Charles Press. Available from Vicom, Inc., 320 E. 42d Street, New York, NY 10017.

Education Materials Catalog 1980. Compiled by the Addiction Research Foundation, 33 Russell St., Toronto, Canada M5S 2S1. The list contains 16mm films, audiotapes, videocassettes, microfiche, and print materials. There are annotations and a subject index.

The Educational Film Locator, 2d ed., 1980. This massive catalog is compiled by the Consortium of University Film Centers. Its 40,000 films are listed in 2500 pages. It is available from R.R. Bowker, P.O. Box 1807, Ann Arbor, MI 48106.

Electronic Textbook of Psychiatry and Neurology. Available from James Ryan, Educational Research, New York State Psychiatric Institute, 722 W. 168th St., New York, NY 10032. ($175 per tape.) A brochure is available listing the 25 or so tapes.

Emory Medical Television Network 1980-81 Catalog. Circulating Videotape Library of Emory School of Medicine, in cooperation with A.W. Calhoun Medical Library and Grady Memorial Hospital. Over 400 medical and nursing tapes are listed; there are author, title and subject indexes. The EMT Network offers membership to medical schools, hospitals and other health science institutions for $495 or $990 per year, depending on size. As many tapes as desired may be borrowed and copied for in-house use. Subscribers receive this catalog and a monthly bulletin which lists new materials. Emory Medical Conferences are available to subscribers, as is the Clinical Methods Learning System. There are 20 psychiatric listings.

Family Therapy Training Aids: Videotape/Cassette Library. Ten videotapes made at the Philadelphia Child Guidance Clinic, 34th St. and Civic Blvd., Philadelphia, PA 19104, are listed in this undated small pamphlet. There are annotations and an order blank included.

Film and Video Catalog Produced at Eastern Pennsylvania Psychiatric Institute, rev. ed., 1978. This catalog is no longer being distributed, nor are any updates planned. Requests for materials are still filled by the institute library.

Film Bibliography. This 1980 annotated list deals with family and group psychotherapy. It is available from the American Group Psychotherapy Association, 1995 Broadway, New York, NY 10023. Short annotations, sources and notes concerning restrictions are included.

Film Reviews in Psychiatry, Psychology and Mental Health, edited by Robert E. Froelich. This book, published in 1974, is now well out of date, but still remains one of the best sources of critical reviews. Available from Pierian Press, Ann Arbor, MI.

Filmmakers Library Award-Winning Films 80/81. Each annotated entry of the 50+ listings carries critiques from reviewing media, as well as all needed information for purchase and rental. There is a subject index. The catalog is available from the Filmmakers Library, 133 E. 58th St., New York, NY 10022.

Gitelson Film Library Catalog, 1977. This is prepared by the Library of Chicago Institute for Psychoanalysis, 180 N. Michigan, Chicago, IL 60601. A new edition was to be available in 1981.

Growing Old in Modern America. A 20-part videotape series from the School of Social Work, University of Washington, Seattle, presented by Professor David J. Beatty.

The Health Sciences Audiovisual Resources List 1978-79. 3 vols. Another of the extensive and useful bibliographies from the Health Sciences Library, University of Connecticut, Farmington. It contains a directory of over 400 producers in volume one; volume two is the subject index; volume three lists titles alphabetically. A brief abstract is included in each of the over 10,000 listings.

Health Sciences Videolog 1981. Formerly entitled *Videolog*, and published by Esselte Video, it appears annually and is available from Video-Forum, Jeffrey Norton Publishers, 145 E. 49th St., New York, NY 10017. Annotations and a list of sources are included in the catalog.

Human Sexuality Methods and Materials for the Education, Family Life, and Health Professions: Vol. I, An Annotated Guide to the Audio-Visuals, 1979, by Ronald S. Daniel. This extensive guide was recommended by staff at the SIECUS office as better and more up to date than their own. It lists 3100 audiovisuals; there are subject indexes and indications of audience level. A chapter on effective use of audiovisuals and another containing comments from contributors to the volume are included. Supplements are planned. Available from Heuristics Publishing, 401 Tolbert St., Brea, CA 92621.

In Focus: Alcohol and Alcoholism Audiovisual Guide, rev. ed., 1980. Available from the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852. Filmstrips, slides, video materials, and films are listed in this annotated catalog. There is a subject index, a list of reviewing media, and helpful addresses.

Insomnia: In Search of Morpheus. This, and about 25 other films and videocassettes, are listed and described in this pamphlet from the University of California's Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, CA 90024. Selected titles are briefly annotated.

Instructional Videocassettes, 1981. Available from the Health Sciences Consortium in Chapel Hill, 200 Eastowne Drive, Chapel Hill, NC 27514. This catalog contains 55 videocassettes, of which 19 deal with mental health subjects. One tape is about the development of instructional materials.

Leaders in Psychiatry. The catalog, published by the Social Psychiatry Research Institute, 150 E. 39th St., New York, NY 10021, contains 34 videotaped interviews with outstanding psychiatrists. Another series, entitled *Perspectives in Mental Health*, focuses on the 10 most common psychiatric disorders, using excerpts from patient interviews along with commentary. Annotations are included in both lists, as are order blanks.

A List of Audiovisual Materials Produced by the United States Government for Special Education, 1980. An example of the many special catalogs available is this listing on special education. Others are on medicine and nursing, alcohol and drug abuse. The list is computer-produced from the NAC's automated data base, which may be searched by contacting the center. Its newsletter, *Films, Etc.*, updates these periodic listings. Available from NAC, Washington, D.C. 20409, or from the U.S. Government Printing Office.

Media Catalog. Payne Whitney Psychiatric Clinic Library produces this volume periodically; it is another example of the many excellent catalogs compiled by mental health librarians. Last published in November 1979, the catalog lists titles in series first, followed by individual titles. There are title and subject sections. Tapes may only be borrowed on interlibrary loan—no more than two at a time. The address of the library is 525 East 68th St., New York, NY 10021.

Mental Health Materials Center. There are several titles available from the center, perhaps the single best source for evaluative information on many different types of material. The fifth edition of *Selective Guides to Publications and Audiovisuals for Mental Health and Family Life Education* will be published in 1982. These guides list primary audiences; include abstracts, evaluations citing reasons for outstanding rating (or weaknesses), excerpts from the narration or dialogue, suggestions for use of the piece; and provide complete ordering information. *Current Audiovisuals for Mental Health Education*, 2d ed., lists more than 700 films, filmstrips, videotapes, and other

audiovisuals, with summaries, evaluations and comparative ratings. It is 313 pages long and costs $8.50.

The center has a subscription service ($38.50 per year) which entitles the subscriber to receive four issues each of *Sneak Previews* and *Best in Print*. These two series update the selective guides listed above, and may be ordered from Mental Health Materials Center, 20 East 29th St., New York, NY 10016. The *Selective Guides* and *Current Audiovisuals for Mental Health Education* are available from Marquis Academic Media, 200 East Ohio St., Room 5617, Chicago, IL 60611.

National Information Center for Educational Media. NICEM has the largest data base of audiovisual materials in the United States. From this data base, now with over one-half million entries which may be searched on request to NICEM, many different catalogs are produced. Besides annual or biennial editions of catalogs by format (16mm films, 35mm filmstrips, overhead transpariences, 8mm motion cartridges, videotapes, audiotapes, records, slides, etc.) and a comprehensive directory of producers and distributors, there are specialized titles, such as *Index to Psychology-Multimedia* and *Index to Nonprint Special Education Materials* (learner volume and professional volume). All indexes are available in print and microfiche formats; the latter are approximately half the cost of the former. All catalogs may be ordered as a "package" ($444 hard copy, $222 fiche). For more information, write to NICEM, University of Southern California, University Park, Los Angeles, CA 90007.

National Library of Medicine Audiovisuals Catalog. This annual catalog, updated quarterly, costs $24 per year. It incorporates the *Mental Retardation Film List,* which is no longer published. Arrangement is by format—monographs, serials—and within each, by title with full bibliographic entry. There is also a subject section. Cataloging is according to the *Anglo-American Cataloging Rules* and is therefore useful for nonlibrarians wishing to set up or maintain a cataloged audiovisuals collection. Many of the abstracts are critical in nature and thus more useful than descriptions. There are also indications of audience levels. Because of its comprehensiveness and completeness of information, this catalog should be acquired by anyone engaged in dealing with mental health materials. The catalog began in its present form in 1977; its predecessor was the 1975/76 edition of the *National Library of Medicine AVLINE Catalog.* Available from the USGPO.

PCR: Films and Video in the Behavioral Sciences 1981. An example of the many catalogs of outstanding university audiovisual collections, this one is produced by the Pennsylvania State University's Audio Visual Service, University Park, PA 16802. There are approximately 1500 listings with extensive author and subject indexes. Brief annotations are included. Mental health subjects are heavily represented. (Price: $1.)

Perceptions. This well-known series of 34 videotapes includes family therapy with V. Satir and M. Bowen. A catalog listing all tapes and costs is available from the Boston Family Institute, 251 Harvard St., Brookline, MA 02146.

Psychiatry Learning System. This is a multimedia self-instructional program in psychiatric education. There are 22 programmed chapters on psychiatric and psychological evaluation, psychopathology, treatment modalities, and growth and development. Thirty-eight videotapes depicting actual clinical illustrations of the described behavior are included (approximately 15

hours). There is a workbook with 20 sets of self-administered tests (pre- and posttests). The text costs $12.50, and the workbook $2.50. The video material is available in U-Matic and one-half inch video cartridge formats; the set costs $1600. A revised series is planned for 1982. Available from the Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, 171 Ashley Ave., Charleston, SC 29403.

A Psychology Film Collection, rev. ed., 1979. This is a listing of over 340 titles available at no cost from the Indiana University Audiovisual Center, Bloomington, IN 47401.

Psychological Films, Inc. [catalog], 1981. This free catalog lists approximately 25 films, ranging from interviews with such experts as Maslow, Rogers, Ellis, Frankl, and Perls to psychotherapy subjects and material on self-actualization. Most are available in video formats as well. The address is 110 Wheeler St., Orange, CA 92669.

Sex Information and Educational Council of the U.S. (SIECUS). This group published the 1976 listing entitled *Film Resources for Sex Education*; there are no plans to update this listing. (SIECUS considers *Human Sexuality Methods...: Vol. I, An Annotated Guide to the Audio-Visuals* as more up to date and useful.)

Video in Mental Health Catalog 1980. Milton Berger has produced a number of tapes in his practice which he is making available through the South Beach Psychiatric Center Department of Education and Training, 777 Seaview Ave., Staten Island, NY 10305. Each listing carries an extensive annotation; order blanks are included; the catalog is free.

Videotape Library. From the Center for Family Learning (10 Hanford Ave., New Rochelle, NY 10805) comes this free flyer which describes and lists about 13 videotapes. Murray Bowen is one of the featured therapists.

Western Psychiatric Institute Media Resources Catalog 1981. Another of the many useful library catalogs, this lists about 200 titles. There is a name and subject index, and each title is annotated. The catalog is available free from WPIC Library, 3811 O'Hara St., Pittsburgh, PA 15261.

Appendix D

Sources for Reviews of Mental Health Audiovisuals

Film and Video Review Index (1968-). Audio-Visual Associates, 180 California Blvd., Pasadena, CA. (quarterly)

Hospital and Community Psychiatry. Jack Neher from the Mental Health Materials Center writes reviews for this journal, which carries a number of excellent reviews each month.

TV in Psychiatry Newsletter and Continuing Dialogue. This newsletter began at the University of Mississippi Medical Center Department of Psychiatry's Television in Psychiatry Project, and is being continued by L. Tyhurst, M.D., at the University of British Columbia's Department of Psychiatry (Vancouver, B.C., Canada V6T 1W5). Subscription to the *Newsletter* is $10 per year; it appears irregularly, and deals entirely with the use of video and television in psychiatry.

Sources for General Audiovisual News and Releases

"Audiovisual Producers and Services." In *Medical and Health Information Directory*, 2d ed., edited by Anthony Kruzas, pp. 595-625. Detroit: Gale Research, 1980.

Studies in Visual Communication. This journal is issued three times a year, and published by Annenberg School of Communication, University of Pennsylvania, 3620 Walnut St., Philadelphia, PA 19104.

Videography. A monthly journal. Includes a hardware guide. The address is 475 Park Ave. So., New York, NY 10016.

Video Programs Index. Available for $6.95 from National Video Clearinghouse, P.O. Box 3, Syosset, Long Island, NY 11791. Lists over 400 video distributors and their catalogs. The companion volume is the *Video Source Book*.

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Historical Collections in Psychiatry and Psychoanalysis

MARY MYLENKI

ANY DISCUSSION OF THE HISTORY of psychiatry and psychoanalysis is as broad as the scope and definition of those terms. Is psychiatry a relatively new branch of medicine with psychoanalysis merely its newest branch? Did Freud invent or define it—depending upon the point of view—less than one hundred years ago? Or is it as old as man's interest in the human mind?

Since librarians are not (nor should they be) arbiters of these issues, it is not surprising that most libraries with collections devoted to the history of psychiatry take a broad view of the literature dealing with mental disorders, aberrations and peculiar behavior through the years. The literature encompasses the reactions of laymen as well as of the established medical, legal or religious powers of the time.

Those holding the view that psychiatry is a "modern" field of medicine may be surprised to learn that several of the libraries discussed in this article have some incunabula in their collections. Virtually all of these early published works deal with the cause and cure of witchcraft—the cures in most cases being pretty drastic. Then there was the early psychiatric diagnosis of "melancholie," popular in poetic literature as well as in medicine. And as everyone knows, Shakespeare was a fairly good Freudian. Later one can add to the list of psychiatric subjects hysteria, phrenology, mesmerism and hypnosis, spiritualism, and some which are still very much with us, like alcoholism and drug abuse. All of these may be considered within the realm of psychiatry or psychoanaly-

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sis; all were propounded or studied in the interest of understanding the complexities of the human mind.

It is not the object of this discussion to attempt to describe all the collections in the history of psychiatry and psychoanalysis. Some sources for locating such collections can, however, be found in the references at the end of this paper. But almost by definition, a psychiatric or psychoanalytic collection will contain works of historical value, with the discipline continuing to build on that which has gone before. To quote Glenn Miller, librarian at the Chicago Institute for Psychoanalysis: "All psychoanalytic libraries should have strong historical collections as they contain the notion that, from a librarian's viewpoint, psychoanalysis is a humanity rather than a science, and therefore very little is ever discarded. The priority and association of ideas must be maintained."[1] However, not all these libraries have historical collections as such, or are interested in collecting rare books. I have tried to describe collections of particular strength and importance to our subject; some of these libraries should be better known outside their immediate neighborhoods. The following information was gathered by a survey, and my sincere thanks go to the librarians who took the time and trouble to reply to my questionnaire.

American Psychiatric Association, 1700 18th Street N.W., Washington, D.C. 20008. Zing Jung, Director Library/Archives.

The major professional organization in the field of psychiatry is, of course, the American Psychiatric Association, which maintains a library at its headquarters. The historical collection of its library was established in 1960, and covers approximately the century from the founding of the original association in 1844 to 1940. The special collection numbers 2500 books among total holdings of 17,000. The emphasis of the collection is on American psychiatry and the history of psychiatry, with (naturally) particular attention to the history of the American Psychiatric Association. There is also a modest collection of secondary material on the history of psychiatry. In addition to 5000 bound volumes of periodicals, there are 200 current journals. The Archives of the American Psychiatric Association, a collection of manuscripts, photographs, films and videotapes, and oral history covering 1948 to date, are also part of the library's holdings. The oral history collection includes tapes of Walter Barton, Hilde Bruch, Jerome Frank, Leo Kanner, Ralph Kaufman, Lawrence Kolb, Sandor Lorand, and Gardner Murphy, among others. Anyone with a demonstrated interest in the mental health field may request access to the library. Photocopying is

permitted within the terms of the current copyright law, and the library participates in interlibrary lending.

Boston Psychoanalytic Society and Institute, Inc., 15 Commonwealth Ave., Boston, MA 02116. Ann Menashi, Librarian.

The Boston Psychoanalytic Society and Institute was established in 1933, and has long had an excellent library. The institute has recently begun the process of organizing a separate historical collection within its library, but at the time of this writing, this material is not available. This special collection will number approximately 300-400 volumes, together with some manuscripts and archival materials. Among the materials included in the collection are recordings, oral histories and videotapes. Although a formal collection policy has not yet been formulated, the scope of the collection will be twentieth-century psychoanalysis and the history of psychoanalysis, as well as the history of preanalytic psychiatry.

Already a part of the Boston Psychoanalytic Society's library is the Edward and Grete L. Bibring Collection, which "forms the nucleus of [its] holdings and archival materials on the history of psychoanalysis...."[2] This collection of about 180 volumes has been separately cataloged and the catalog published as part of a memorial volume dedicated to the Bibrings. The collection includes many rare early editions and inscribed presentation copies from their colleagues.

In addition to the published Bibring catalog, information on the library is published from time to time in the society's regular mailings. Access to the library for other than society members is by written request. Photocopying of unrestricted materials is permitted, and interlibrary loans are filled.

Chicago Institute for Psychoanalysis, McLean Library, 180 N. Michigan Ave., Chicago, IL 60601. Glenn E. Miller, Librarian.

Within the large McLean Library of the Institute for Psychoanalysis, a separate historical collection was established in 1977. Except for about a dozen earlier works, this collection of 500 volumes covers the years 1900 to 1960. It includes manuscripts, archival materials and many nonprint materials. A series of videotapes, now numbering twenty-five and entitled "Portraits in Psychoanalysis," provides a unique opportunity to hear and see some of the best-known psychoanalysts of our day. Among the interviewees are Therese Benedek, Helene Deutsch, Phyllis Greenacre, Roy Grinker, Edith Jacobson, Rudolph Loewenstein, Rene Spitz, and Richard Sterba. Frank Parcells of the Detroit Psychoanalytic Society conducted some of these interviews.

The library holds the correspondence files of Franz Alexander, Therese Benedek, Helen McLean, George Mohr, Gerhart Piers, and Thomas French. However, the archives will remain closed until these files can be properly preserved and organized, which will take an estimated five years.

In addition to occasional lectures on the history of psychoanalysis, the institute presents a historical survey course as a regular part of the curriculum. *The Annual of Psychoanalysis*, published by the Chicago Institute, devotes one of its regular major sections to psychoanalytic history. The McLean Library is also the source of the valuable *Chicago Psychoanalytic Literature Index*. The *Index* covers the years since 1920; it is issued quarterly, and presently cumulated annually. No psychiatric or psychoanalytic library can afford to be without this *Index*.

Admission to the McLean Library can be gained by the purchase of a $25 library card good for the academic year. Photocopying of published material is permitted, and interlibrary loan requests are filled.

Institute of Living, Medical Library, 400 Washington St., Hartford, CT 06106. Helen Lansberg, Librarian.

The Institute of Living was founded in 1824 and had a total of forty-three patients that year. The precepts of the institute were those of "moral treatment" of the insane, that is, using kindness and understanding rather than the punitive methods which had theretofore been common practice. The institute has grown and developed, as have the methods of caring for and treating emotionally disturbed persons. However, there remains a strong sense of history about the institute.

The library is made up of three special collections in addition to the regular collection of 19,500 books and journals and some historical material, including papers and letters of Dr. Eli Todd, the first head of the institute. The Smith Ely Jelliffe collection of over 10,000 volumes is devoted to pre-1940 works on psychoanalysis, psychiatry, neurology, and related subjects. The Gregory Zilboorg collection is composed of about 300 books from the sixteenth through the nineteenth centuries, most of them of particular historical interest, especially relating to psychiatric theory. The J. Hubert Norman collection, also of about 300 volumes, has legal psychiatry as its emphasis. It deals with mental illness, the development of hospitals, and the experience of the patients.

Los Angeles Psychoanalytic Society and Institute, Simmel-Fenichel Library, 2014 Sawtelle Blvd., Los Angeles, CA 90025. Kathleen Matson, Librarian.

Ernst Simmel was one of the many psychoanalysts who came to the United States following the rise of the Nazis in Europe. In the 1920s,

Simmel had established a psychoanalytic sanitarium in Berlin which Freud had visited several times, and a warm relationship had developed between the two men. Freud encouraged Simmel's plans to develop the study of psychoanalysis in California. After being under the auspices of older established psychoanalytic groups, the Los Angeles Institute was formed as an independent organization in 1946. By this time Otto Fenichel had also joined the institute, along with a number of other analysts. Simmel and Fenichel died within a short time of each other: Fenichel in January 1946, at the untimely age of forty-eight, and Simmel in November 1947.

The library which had been begun by Simmel and Fenichel at the Los Angeles Psychoanalytic Society was formally established in their names in 1948. The entire collection totals approximately 4700 volumes, but does not maintain a separate historical collection. The policy of the library is to collect everything directly pertaining to Freudian psychoanalysis, and to collect selectively in related psychoanalytic approaches and in psychiatry. The library has a special collection of Freudiana and holds a considerable correspondence of approximately 600 unpublished papers between Freud and Simmel. Along with its monographs and correspondence files, the library also owns 5000 reprints, pamphlets, and other unpublished papers, and a collection of tapes chiefly devoted to scientific meetings presented at the institute.

In addition to serving its basic constituency of the members and clinical associates of the Los Angeles Psychoanalytic Society and Institute, the Simmel-Fenichel Library welcomes guest members at a fee of $30 per year, or $250 for a lifetime membership. Photocopying is available, but interlibrary lending is not.

Professional Library of the Menninger Foundation, Box 829, Topeka, KS 66601. Alice Brand, Librarian.

A stated goal at the Menninger Foundation library is that "the library become the greatest psychiatric library in the world."[3] Although assigning the title of "greatest" may be professionally or diplomatically difficult, one cannot deny that this library is among the finest. The rare book collection in the Professional Library of the Menninger Foundation developed some years after the establishment in 1936 of the foundation and its library. The works in the historical collection now number almost 1500, plus 119 volumes of journals and some hospital reports. The earliest item in the collection is a 1494 treatise on witchcraft. The historical collection does not include manuscript and nonprint materials, as these are maintained in a separate archive. The major subject

areas pursued by the library are psychiatry, psychoanalysis and psychology, although some peripheral material has been received as gifts.

The Menninger Foundation library has a particularly strong Freud collection, encompassing both a large number of his works (including many first editions) and correspondence and other documents. These unpublished materials are, strictly speaking, part of the archives rather than the library. An article describing the Freud collection in considerable detail appears in the September 1965 *Bulletin of the Menninger Clinic*.[4] In the same volume of the *Bulletin* there also was published an article entitled "Rare Books and Manuscripts of the Menninger Foundation."[5] The article is not quite so broad as the title implies, however, as it deals almost exclusively with the subject of witches and witchcraft, an area in which the library appears to be very strong.

In addition to the two articles cited above, the library published in July 1967 a "Short Title Catalogue of the Rare & Historical Collection in the Professional Library of the Menninger Foundation." There is also a catalog governing the entire collection, *Catalog of the Menninger Clinic Library*, in four volumes, published by G.K. Hall in 1972.

At the present time, the building which houses the Menninger library is undergoing extensive renovations, and therefore, the collection is in storage and inaccessible. However, following the completion of these renovations, which is anticipated in spring 1983, interested scholars will be able to request access to the library.

New York Psychoanalytic Institute, Abraham A. Brill Library, 247 East 82nd St., New York, NY 10028. Katharine B. Wolpe, Librarian.

New York City is a particularly rich center for study in the history of psychiatry and psychoanalysis. One of the major collections in the history of psychoanalysis is that of the Abraham A. Brill Library of the New York Psychoanalytic Institute. A substantial base for the present library was formed by the personal collections of some of the first members of the institute—Dr. Brill (for whom the library is named), Dorian Feigenbaum, Smith Ely Jelliffe, Horace W. Frink, and Ruth Mack Brunswick. Gregory Zilboorg, Henry A. Bunker, Otto Isakower, and Raymond de Saussure contributed to building the library in its early years.[6]

The collection of more than 20,000 books, journals and reprints is, as might be expected, particularly strong in Freud holdings. It owns Freud's complete works in English and German, nearly all his first editions, and many translations, including Portuguese and Japanese. The archives within the library include Freud letters, the Freud Centenary Collection, and manuscripts and correspondence of Anna Freud.

Among others represented in the manuscript collection are Jelliffe, Fritz Wittels, Theodore Reik, and Berta Bornstein. An oral history section has recorded interviews with Edith Jacobson, Rudolph M. Loewenstein, Dora Hartmann, Marianne Kris, and Jeanne Lampl-de-Groot.

Access to the library, except for members of the institute, is by special permission only. Photocopying and interlibrary lending are available.

New York State Psychiatric Institute Research Library, 722 West 168th St., New York, NY 10032. James W. Montgomery, Librarian.

One of the largest and oldest of the psychiatric collections is the New York State Psychiatric Institute Research Library. The library was established with the institute in 1896, and within one year had amassed 1500 volumes and subscribed to 60 journals. The present holdings number approximately 38,000 (about 20,000 books and 18,000 journal volumes). Current journal subscriptions number more than 600.

The library's holdings range from one incunabulum (1486) to current publications. Historical works are not maintained as a separate entity but are part of the general collection. The major strengths of the collection are psychiatry and psychoanalysis, as well as psychology and sociology. In addition, a noteworthy portion of the collection deals with animal magnetism, mesmerism and hypnotism, and witchcraft. Current journal and book acquisitions are limited mostly to English-language material.

The jewel of the Psychiatric Institute library is the Sigmund Freud Memorial Collection. This acquisition was perhaps the most important event in the long tenure of Dr. Jacob Shatzky, who headed the library from 1930 until his death in 1956. When Freud left Vienna in 1938, he was forced to leave behind a large part of his personal library, which later came into the hands of a Viennese bookdealer. In July 1939, this dealer issued a carefully worded catalog describing his offering as:

> Books and Pamphlets on Neurology, Psychiatry and allied Branches of Science. This collection, brought together in nearly fifty years by a famous Viennese scientific explorer, is very apt to constitute the nucleus of a library for neurology and psychiatry, therefore we have the intention to find a buyer for the whole collection.

Shatzky had no doubt that this advertisement referred to Freud's own library, and convinced the institute to make the purchase of the unseen collection. The cost was 1450 DM, then about $500. So sure was he that Shatzky offered to pay for the books himself if he should turn out to be mistaken. To everyone's great joy, the collection, of course, was exactly what he expected.[7]

Since 1978, the Freud Memorial Collection has been housed in the Geraldine M. Webster Special Collections Room of the Columbia Health Sciences Library, where there are better facilities for its protection and display. However, the collection most definitely remains part of the holdings of the Psychiatric Institute Library. Although the parent institutions are allied and cooperate with each other, the New York State Psychiatric Institute Library and the Columbia Health Sciences Library are completely independent. For access to the Freud Memorial Collection, one may call or write to the Special Collections librarian at the Columbia library and request an appointment.

The Psychiatric Institute Library has recently begun publication of the Research Library of the Psychiatric Institute *ReLPI Bulletin*, edited by James W. Montgomery. It will appear on an irregular basis, depending on available funds and staff time. Volume one, number one appeared in January 1981. The *RePLI Bulletin* supersedes *The Psychiatric Library: Occasional Papers*, a series which was published between 1965 and 1977. The first issue, a handsome 22-page booklet, provides basic information on the library's policies and practices and includes some historical background and some original library-related poetry. Montgomery will answer requests for copies of the *Bulletin* on the basis of availability.

Persons outside the Psychiatric Institute may be eligible to use the library as authorized guests upon evidence of professional status within the mental health community or of some serious scientific or medical purpose. Such guests may read in the library and use photocopying facilities. They may not borrow nor expect extensive reference service. The Psychiatric Institute Library is a member of the New York Medical Library Center and lends extensively through regular interlibrary loan systems.

Payne Whitney Psychiatric Clinic, Oskar Diethelm Historical Library, 525 East 68th St., New York, NY 10021. Phyllis Rubinton, Librarian.

The Oskar Diethelm Historical Library is a discrete historical collection within the Payne Whitney Psychiatric Clinic Library at New York Hospital-Cornell University Medical College. The collection was begun by Dr. Diethelm and was named in his honor when he retired in 1962 after twenty-six years as chairman of the Department of Psychiatry. The collection now contains approximately 15,000 volumes, including dissertations and hospital annual reports, plus another 4500 volumes in a Historical Reference Collection. In addition to modern works dealing with the history of psychiatry and the behavioral sciences, the reference

collection includes major national and subject bibliographies to supplement the Historical Library.

In discussing the origin and background of the Historical Library, Diethelm spoke of his early interest in understanding the development of new concepts in psychiatry. To do any kind of research, it is important to follow through on ideas in the field, and to see how ideas are utilized. A writer who is relatively unimportant himself may gain in importance because of the influence he exerts on later writers. An example of this can be seen in the breadth of Freud's personal library, and the way in which diverse ideas were synthesized by him in developing his own theories.

Diethelm's early collection policy was to try to acquire all the great books in medicine that referred to psychiatry in any way. He visited the great libraries in this country, such as Johns Hopkins, Yale and Harvard, and in Europe in Zurich and Heidelberg, and examined their collections. There he could see what was important in basic philosophical concepts and in the culture of the time. Since we all live in a culture, he said, it is important to recognize how a particular cultural setting will influence the concepts of the time and place.[8]

Before 1800, books were the most important source; then journals began to develop as the source for new ideas. In addition to these, Diethelm has sought out published theses in the field of psychiatric medicine. These interesting and often valuable works are frequently very difficult to locate.[9]

The Oskar Diethelm Historical Library owns four incunabula, one of which is a 1492 edition of the *Malleus Maleficarum (The Witch's Hammer)*, although the bulk of the collection falls within the nineteenth century, with the seventeenth and eighteenth centuries also very well represented. A cutoff date of 1920 is generally used to limit what is called "historical," although there is selective acquisition up to 1950. Among its particular strengths, the Diethelm Library holds most of Freud's writings in the original editions as well as numerous translations. There are also extensive holdings of the works of Benjamin Rush, known as the father of American psychiatry and as a signer of the Declaration of Independence. The collection is strong in works on alcoholism, mesmerism and phrenology.

The Section on the History of Psychiatry at Payne Whitney sponsors a series of research seminars which are held bimonthly during the academic year; at these seminars, the members and invited guests present works in progress for comment and discussion. The members of the group are psychiatrists with a particular interest in history, historians

interested in psychiatry, and professors of literature or other disciplines who have a particular interest in psychiatry. So far as I can determine, this is the only such formal study group devoted to the history of psychiatry holding meetings which are not part of the institutional training curriculum.

The history section's first lecture series in 1973-74 was named in honor of Allan McLane Hamilton, first professor of psychiatry at Cornell University Medical College, and the theme was the historical development of the mind/body problem. These papers did not appear as a monograph, although some of them were published in *Body and Mind: Past, Present, and Future.*[10] The second series of lectures, the Adolf Meyer Seminars, held in 1975-77, was named in honor of one of the leading American psychiatrists of the first half of the twentieth century, who was also the second professor of psychiatry at the Cornell University Medical College in the early years of this century. This series had as its theme the history of American psychoanalysis, and culminated in the publication of the book *American Psychoanalysis: Origins and Development,* edited by Dr. Jacques M. Quen and Dr. Eric T. Carlson, both of the Section on the History of Psychiatry at Payne Whitney.[11]

The Diethelm Library publishes an annual report which discusses in detail some of the outstanding acquisitions of the previous year. This annual report is distributed to members of the Friends of the Oskar Diethelm Historical Library, whose contributions provide the budget for new acquisitions. A copy of the most recent report may be obtained on request.

The Diethelm Library also encompasses the Archives of Psychiatry, a collection of manuscript material from a number of organizations and individuals related to the development of psychiatry. Some of this material has yet to be processed, but among that to which there is now access are the papers of Clifford Beers, Thomas Salmon and David M. Levy. The recently published biography, *Clifford Beers, Advocate for the Insane,* by Norman Dain (University of Pittsburgh Press, 1980), made extensive use of the Beers papers in the Archives of Psychiatry.

In the archives of The New York Hospital-Cornell Medical Center are papers relating to the Bloomingdale Asylum, the first psychiatric unit of the hospital (now located in White Plains, New York, and known as the Westchester Division of The New York Hospital). The archives holds the minutes of the Asylum Committee (through several name changes) from volume 1, July 1808, to the present. The archives also has annual reports of the Bloomingdale Asylum from 1827 on.

Upon written request, any bona fide scholar or researcher will be granted permission to use material in the Oskar Diethelm Historical

Library, including the Archives of Psychiatry. No photocopying of historical material is permitted, and historical material is not available for interlibrary loan.

Pennsylvania Hospital, Historic Library Collection, 8th and Spruce St., Philadelphia, PA 19107. Caroline Morris, Librarian-Archivist.

The Pennsylvania Hospital, founded in 1751, is the oldest hospital in the United States for both the medically and mentally ill, and also has the oldest library, established in 1762. The historical collection, including approximately 13,000 volumes, covers the years 1751 to 1950. The library does not now purchase any historical materials, acquiring them only through gifts.

A major portion of the holdings of the Pennsylvania Hospital is its archival materials. In the nineteenth century, the Institute of the Pennsylvania Hospital was one of the most important asylums in the country, under the leadership of Dr. Thomas Kirkbride. The Kirkbride papers—approximately 6000 items, in addition to case books, account books and medical notebooks—include his correspondence with Dorothea Dix, the great reformer of mental hospitals, and with the founders of the Association of Medical Superintendents of American Institutions for the Insane, the precursor of the American Psychiatric Association.

In addition to the correspondence, minutes, accounts, and records which make up the archives, there is considerable miscellaneous material composed of photographs, clippings, yearbooks, and stereoscopic slides. This collection is of outstanding value in studying the early history of American psychiatry. Most of it is available on microfilm, and a separate guide to the archival collection is in preparation.

Scholars and researchers may write or telephone for an appointment to use the collection; they must sign statements guaranteeing to observe the confidentiality of the records, and must use the microfilm copies whenever these are available. There is no interlibrary lending of historical material.

Pittsburgh Psychoanalytic Center, Inc., Bertram D. Lewin Library, 211 N. Whitfield St., Suite 210, Pittsburgh, PA 15206. Minna Shure, Librarian.

The Bertram D. Lewin Library was established at the Pittsburgh Psychoanalytic Center in 1974, the core of the collection being approximately 700 of the late Dr. Lewin's books. Of these, about 200 are either in a foreign language or rare, the earliest dating from 1765. The emphasis of the collection is on psychoanalysis.

In addition to the books, a major part of the collection of particular interest to the psychoanalytic researcher is Lewin's personal papers.

This material includes both personal and professional correspondence, original psychoanalytic research, manuscripts and photographs, and correspondence relating to the Freud Centenary Exhibits and the Freud Archives and to the Pittsburgh Psychoanalytic Center. Permission to use the collection must be requested in writing. The collection must, of course, be used on site; there is no interlibrary lending or photocopying.

University of Texas Medical Branch, Moody Medical Library, Galveston, TX 77550. Titus Harris, M.D., History of Psychiatry Collection; Larry J. Wygant, Associate Director for History of Medicine & Archives.

The University of Texas Medical Branch in Galveston has in its Moody Medical Library the largest collection in the Southwest and one of the major collections in the history of medicine anywhere in this country. Within the Moody Medical Library is to be found the Titus Harris History of Psychiatry Collection. Although not as large as the Oskar Diethelm Historical Library, the much younger Harris Collection is a very comprehensive collection of books and papers on the history of psychiatry and psychology. Established in 1973 and numbering 4000 volumes, the collection spans the years 1475 to 1967. It was acquired as a memorial to Dr. Titus H. Harris, former chairman of the Department of Psychiatry at the University of Texas Medical Branch. In addition to works in the history of psychiatry, mental health, neurology, and related fields, the collection contains material relating to witchcraft and erotica.

The Bookman is published ten times a year by the Moody Medical Library. In addition to news of the library and faculty publications and new acquisitions, each issue includes a feature article on a subject of medical history. Among those which have dealt with the history of psychiatry was one on the *Malleus Maleficarum*.[12] The library owns several editions of this work, the most noteworthy being a 1511 Latin edition which is believed to be the only copy in the United States. Another recent article was devoted to the manuscript of Havelock Ellis's *My Life*, which is in the Titus Harris Collection.[13]

The History of Medicine & Archives Department of the Medical Library is open Monday through Friday; photoduplication of most materials is available, and interlibrary loan requests are accepted.

Western Psychiatric Institute and Clinic Library, 3811 O'Hara St., Pittsburgh, PA 15261. Lucile S. Stark, Director.

The Western Psychiatric Institute comprises the psychiatric hospital facility and the Department of Psychiatry of the University of Pittsburgh. The library's core collecting areas are: all branches of psychiatry,

psychoanalysis, neurology, clinical psychology, psychosomatic medicine, psychiatric nursing, and mental health administration. There is also representative material in the other behavioral sciences, as well as certain selected items in the humanities, carefully chosen to illustrate psychopathology. The library aims to be exhaustive within its core collecting area of psychiatry and its many facets. The policy is to support the ongoing research, clinical and teaching programs of the institute.

This main psychiatric library comprises 45,000 volumes and 750 periodical titles, plus videocassettes, audiocassettes and films. In addition to this modern collection, there is a special collection of rare books on the history of psychiatry, totaling 2300 volumes, which is housed separately in the Falk Library at the University of Pittsburgh School of Medicine. The library also includes the archives of the institute and other manuscript material relating to the development of psychiatry in western Pennsylvania, particularly in Pittsburgh.

The Western Psychiatric Institute Library publishes and distributes a monthly booklist. The director of the library, Lucile S. Stark, has been named editor of the journal *Behavioral & Social Sciences Librarian*, which will be edited from the library. Public access to the library is for reference use only; other access is limited to faculty, staff, students, and employees of Western Psychiatric Institute; faculty and graduate students of the University of Pittsburgh; and persons employed in a professonal capacity in mental health facilities of the Commonwealth of Pennsylvania. Photocopying and interlibrary lending are available.

Other Historical Collections

Although it is beyond the scope of this paper to deal with collections outside the United States, one must make an exception for Sigmund Freud. Anyone with the slightest familiarity with the theory of psychoanlaysis is aware of the importance of Sigmund Freud. He was an extremely prolific writer and correspondent; the Standard Edition of his works in English runs to twenty-four volumes. It is interesting to notice how many of the libraries discussed previously have significant Freud collections, either of published works or of manuscripts and letters. Even so, there still remain some noteworthy Freud collections in Europe.

Thirty years ago, only twelve years after Freud's death, a psychoanalyst visiting Vienna asked his host where he could find Freud's former home. The man was genuinely surprised at the request; he had indeed

heard of Freud, but he could not imagine why anyone would be interested in where he had lived and worked, and had no idea how Freud's fame had spread outside of Austria.[14]

Fortunately, this attitude has been corrected to some degree. In 1974, the Sigmund Freud House Library was established at Berggasse 19, Freud's former home in Vienna. The collection encompasses psychoanalysis from its beginnings in 1891, and presently has 15,000 cataloged items. The archives portion of the collection has approximately 20,000 items on file, including over 7000 photographs, 10 films and 20 recordings, and an assortment of manuscripts, newspaper clippings and other material.

The main interest of the collection is, obviously, Freud and the history and application of psychoanalysis. The library is fairly complete in its holdings of pre-World War II psychoanalytic writings, while a little less complete for the postwar years. Holdings of Freud's own works include all editions and translations. There is an ongoing seminar program and, at present, a study group on the development of psychoanalytic psychology. The *Sigmund Freud House Bulletin* is published twice yearly. The primary languages of the *Bulletin* are English and German. The library is open to the general public; the only restriction is on the archival materials, which are available to students and scholars only. Inquiries may be addressed to Dr. Hans Lobner, Sigmund Freud House Library, Berggasse 19, A-1090 Vienna, Austria.

In addition to the Viennese library, there is a large Freud collection at the home of Anna Freud in London. When he left Vienna in 1938, Freud was able to take with him a large number of books, together with personal effects. Freud was a collector of books all his life, and this collection provides a fine indication of the depth and breadth of his interests and the source of some influences on him. The arts and humanities are as well represented as the sciences. The major portion of this collection, that is, the nonpsychoanalytic portion, has been cataloged. The collection and the cataloging procedure have been described in the *Journal of the American Psychoanalytic Association.*[15] For access to this collection, one should write directly to Dr. Anna Freud, 20 Maresfield Gardens, London NW3 5SX, England, and request permission.

In addition to the special collections dealing with the history of psychiatry and psychoanalysis which have been described here, there are, of course, a number of historical collections in libraries of medicine which, while not devoted entirely to psychiatry, do contain a great deal of interesting and important material. The reader is particularly recommended to the historical and rare book collections of the New York

Academy of Medicine and the Francis A. Countway Library of Medicine in Boston.

The Library of Congress is a major repository for papers in the history of psychoanalysis. Over 150,000 manuscript items have been collected. The Sigmund Freud Collection itself is very large. The Sigmund Freud Archives, which has its administrative headquarters in New York City, is housed in the Library of Congress. The library also has Freud holdings contributed by other donors, including Anna Freud, with more yet to come from her own collection. To name only a few, the library also has papers of Karl Abraham, Alfred Adler, Marie Bonaparte, A.A. Brill, Paul Federn, Anna Freud, Smith Ely Jelliffe, Rudolph Loewenstein, and David Rapaport. Those wishing to use these collections should address inquiries to: Chief, Manuscript Division, Library of Congress, Washington, D.C. 20540.

Columbia University Oral History Collection

I have already mentioned the oral history holdings in a number of historical collections. "Oral history" is defined as "primary source material obtained by recording the spoken words."[16] This is an area of increasing interest in many subjects, including psychiatry. With this growth of interest and newer, simplified technologies for collecting such material, I believe we will see this fascinating approach continue to spread.

In the field of oral history, probably the oldest and largest such project is the Oral History Collection of Columbia University (COHC). The COHC was established in 1948; the fourth edition of its catalog was published in 1979, and is available from Columbia University Press for $22.50. This edition introduces the use of subject headings in addition to the names of individuals in the collection. Of particular interest is the COHC special project on the psychoanalytic movement. This project deals with the:

> early history of psychoanalysis and its subsequent ramifications, as discussed by psychoanalysts and others closely associated with the movement in interviews with Dr. Bluma Swerdloff. The series includes interviews...with associates of Sigmund Freud and leading representatives of major schools of psychoanalytic theory. The project aims to provide anecdotal, subjective material that will shed new light on the pioneers of the psychoanalytic movement and its influence on contemporary society."[17]

Among the participants are Michael Balint, Muriel Gardiner, Edward Glover, Heinz Hartmann, Willi Hoffer, Abram Kardiner, Lawrence C.

Kolb, Rudolph Loewenstein, Margaret Mahler, Sandor Rado, Joseph Sandler, and Rene Spitz. One may call or write in order to find out if material about any given person is in the collection, either as a memoirist or as a subject in someone else's memoirs. The published catalog explains in detail how to use the collection in person, by telephone (212-280-2273) or by letter.

For further research in the published literature of the history of psychiatry and psychoanalysis, there are several indexes and bibliographies available. *The Index of Psychoanalytic Writings* by Alexander Grinstein covers all psychoanalytic literature through 1970. There are both author and subject indexes, and the scope is to include all writings by psychoanalysts and all psychoanalytic writings by other authors. In addition to Grinstein and the *Chicago Psychoanalytic Literature Index* mentioned earlier, two important sources of historical research are the *Bibliography of the History of Medicine*, published by the National Library of Medicine (NLM), and *Current Work in the History of Medicine*. *Current Work* is an international bibliography published quarterly by The Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BP England. The *Bibliography of the History of Medicine* is published annually and cumulated every five years. It is prepared from NLM's Histline data base and covers all chronological periods and geographic areas, focusing on the history of medicine and its related sciences, professions and institutions. It includes citations to journals which are not necessarily in the National Library of Medicine collections.

History is at all times a fascinating study; in psychiatry and psychoanalysis it is also an essential one. Although we may gain new insights into the human mind and human development, nothing we have learned in the past becomes unimportant or irrelevant. New technologies, computers and video techniques may change to some extent the shape and appearance of our libraries. These changes may make our jobs easier and add to our capabilities, but in reality, they are only superficial. The essential purpose of the library as a repository of past, as well as present, knowledge remains the same. We must always maintain our historical heritage, and be grateful for those collections which strive to fill these needs.

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Patient Education for the Mentally Ill

LOUISE HARDING RUSSELL

In 1904, McLean Hospital in Belmont, Massachusetts, became recognized nationally in hospital library circles for organizing its patient reading material to exclude "morbid, gruesome and unwholesome literature" in an effort that "might be decided help towards recovery in cases of mental illness...."[1] This philosophy was explained in detail in the June 1922 issue of *The Modern Hospital.* The article by Edith Jones noted that patients in a general hospital are, for the most part, confined for short periods of time, and their choice of reading material is primarily for the diversion usually found in light fiction.[2] In the best interest of the mental patient, however, the article made some distinctions: "mental cases, on the contrary, stay in the hospital for weeks and months and years. Their minds are often alert, their physical condition good, and time hangs heavily on their hands....Mental patients are as much interested in the outside world as any one; they want maps, atlases, dictionaries, reference books of all sorts...."[3]

In discussion of book selection, the article refers to the therapeutic value of books as "misleading," for "in general their influence is so subtle as to be almost incalculable," and more emphatically, the article declares: "It is only when a systematized attempt is made to exclude all possibly harmful literature and to supply certain types of books to individual patients that the library can be termed a positive therapeutic factor."[4]

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The list of books not considered wholesome and to be excluded includes:

> stories having insane, degenerate, epileptic or otherwise mentally affected characters; stories in which suicide is accomplished or attempted, especially if the means to suicide are carefully described (as in Wells' "History of Mr. Polly"); morbid or depressing novels, tales which deal with unhappy childhood, marital infelicities, physical deformities which warp a man's nature (like "Sir Richard Calmady"), or which end unhappily; sex problem or erotic novels, though they be numbered among the very best sellers; "physic," psychological or self-analytical stories, however well written; ghost stories, because they never can have satisfactory endings and they haunt [one]; stories which have gruesome or bloody details or which depict horror (Stevenson's "The Merry Men" and Conan Doyle's "The Hound of the Baskervilles" are examples). In addition to this taboo fiction, discard most if not all books on psychology, religious discussion, law, medicine and mental hygiene; never give a patient any books on these subjects without the approval of the physician in charge.[5]

All these "taboo" subjects constitute what those at McLean now consider patient education, that is, the exploration and discussion of stimuli directly or indirectly affecting a person, leading to increased understanding as to how and why these stimuli resulted in altered thinking or behavior. At McLean patient education is an integral part of each patient's interaction with each member of his or her treatment team, from the mental health worker to the physician in charge. For example, a patient with a limited work history and who is anxious about job interviewing can address these fears with his therapist, deal with concrete, direction-oriented planning with a rehabilitation counselor, and refer to someone in the library for specific information, such as bus schedules and résumé formats. Certainly each step in the process can create additional anxieties, which in turn are dealt with by any, or all, of the members of the treatment team. It is important to remember that the team approach to treatment places each member of that team in a position to interact with and educate the patient, thereby influencing the entire therapeutic process.

What has brought about such a change? In the fifty years following the publication of Jones's article, public education on mental illness has made great strides in demystifying the origins of treatment and the rehabilitation of mental illnesses to the benefit of patients, their families and the community at large. Changes in treatment modalities, advancements in neurobiological research pinpointing chemical origins of some illnesses, the proliferation of published research material, "pop-psych" books and articles, "how-to" manuals, self-help programs such

as transcendental meditation and EST, the impact of television and movies such as *The Three Faces of Eve* and *One Flew Over the Cuckoo's Nest* (certainly viewed as unwholesome by early twentieth-century "experts")—all of these have brought issues concerning mental illness out of the closet and into the realm of public awareness.

Often the best providers of these data are the patients themselves who have been allowed and encouraged to take major responsibility for their recovery and future, using the reference tools available to them while hospitalized. Through their active roles in rehabilitation, patients may be able to gain and display increased self-awareness and esteem concerning their illness and progress, a catalyst to their deinstitutionalization and reentry into the community.

Such is the basis for the philosophy of the Rehabilitation Services Department at McLean, which includes patient education and the patients' library. Rehabilitation treatment efforts concentrate on experiences which highlight reality issues bridging the hospital environment with the community. As part of these rehabilitation efforts, the patients' library serves this philosophy through the inclusion of materials related to the many aspects of treatment, rehabilitation and community reentry. As former McLean psychiatrist George O. Papanek states, "We are trying to help patients take charge of their lives and I believe that an informed consumer is a better consumer."[6] Rehabilitation-focused resources represent approximately 10 percent of the total collection. There is little overlap with the medical library, where the focus is more on technical information for the professional.

After a patient is admitted to McLean, and a workup and evaluation prepared of psychiatric, medical and family histories, work begins almost immediately on helping the patient to understand his own illness. A simultaneous assessment of short- and long-range goals takes place, which may by necessity include alternatives in therapeutic approach, living arrangements, social networks, family interaction, educational advancement, and job opportunities, as well as leisure and recreational pursuits. While each patient is encouraged to take an active role in this planning, the pathology itself and the anxiety often associated with being hospitalized can inhibit this process.

The current laws of the Commonwealth of Massachusetts prohibit censoring the reading material of patients who use the patients' library. According to Arthur Rosenberg, civil rights officer at McLean, some reading material restrictions may be placed on the patients while they are restricted to their hall, but "we have no right to interfere with a patient's right to information about himself or his environment."

Rosenberg notes that the existence of a patients' library does not fall under the criteria of patients' rights; it is the hospital's choice to provide such a facility.[7]

Many McLean patients visit the patients' library at least once, whether to read one of the daily newspapers or numerous magazines, or check out one of over 4000 books representing many areas of general escapist reading. For some patients it may be their first off-hall, unescorted privilege. Other patients visit at the suggestion of a member of their treatment team to explore some aspect of their treatment. Included are reference materials on alcohol use and abuse, drug addiction, psychopharmacology, psychology, sex education, child abuse, educational opportunities (including over 150 catalogs representing high school equivalency programs, two- and four-year colleges, vocational schools, graduate schools, adult education courses), prevocational material, résumé writing, and an area directory listing volunteer opportunities. In addition to want ads from the daily newspapers, we receive and post the job listings from Harvard and Boston universities. Since it is an open area of the hospital, staff, patients, and their families may use the library at any time. Couples and/or family therapy is often part of the therapeutic process at McLean, and participation of the family is seen as extremely important, as the patient will often be returning to the family structures.

It is wrong to assume that patients and their families usually ask the therapists for a suggested reading list dealing with an illness diagnosis. Therapists often offer such a list, but patients may not follow through in using it, sometimes fearing that they will find out more than they want to know. If independent reading is done by patient and family, the treatment team may find itself addressing questions based on this library information, some of which may be disturbing because it is not presented in easily understood terminology or it is taken out of context.

An example is in the use of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III).[8] For instance, a woman wants to know more about her husband's diagnosis of pathological gambling. She refers to DSM III and notes the shaded areas describing the diagnostic criteria. She reads as follows:

> A. The individual is chronically and progressively unable to resist impulses to gamble.
> B. Gambling compromises, disrupts, or damages family, personal, and vocational pursuits, as indicated by at least three of the following:
> (1) arrest for forgery, fraud, embezzlement, or income tax evasion due to attempts to obtain money for gambling

(2) default on debts or other financial responsibilities
(3) disrupted family or spouse relationship due to gambling
(4) borrowing of money from illegal sources (loan sharks)
(5) inability to account for loss of money..., if this is claimed
(6) loss of work due to absenteeism in order to pursue gambling activity
(7) necessity for another person to provide money to relieve a desperate financial situation

C. The gambling is not due to Antisocial Personality Disorder.[9]

As part of an elaborate defense mechanism, the wife may find it difficult to see these words in print as applying to her husband. She may see the words "chronically and progressively" as indicating hopelessness. She may not accept the issue of family disruption as applicable, primarily because, in addition to her own denial, she may have developed a complex system of compensation for the negative effects of the gambling on the family, by covering it up, defending her husband's "work problems," inventing excuses to cover financial instability, finding employment for herself, etc., and therefore to *her* there has been no such family disruption. She may assume that because her husband has not been arrested for forgery, fraud or embezzlement, the diagnostic label is entirely obviated, not having noticed that arrest is but one possible signal or outcome in a list from which at least three criteria must be satisfied (not necessarily including arrest); or conversely, she may assume that he must have been arrested if arrest is on the list, and that therefore he has been lying to her.

Although her state of mind while reading this material is unknown, it can be assumed that the material will have some impact on her perception of her husband's illness and its effect on her and the family. What she does with her new-found information is important: Will she share it with her husband or confront him individually? Will she do so in the "protective" atmosphere of couples therapy? Will she call the therapist without her husband's knowledge? Or will she do nothing?

Does the independent reading done by patients and their families outside of therapy inhibit the therapeutic process and thereby impede the patient-therapist relationship? Francis de Marneffe, M.D., director of McLean, thinks that while this treatment-oriented curiosity may make the therapist's job more difficult: "It is part of our job and it's what treatment is all about. Patients need to be exposed to facts and reality. We are not in the business of withholding information—that is not in keeping with my treatment philosophy." While de Marneffe acknowledges that some issues, whether discussed in therapy or discov-

ered elsewhere may be upsetting and misunderstood, "At McLean we are here and available to help them understand and to work through their reactions to the information." He states that there is a tendency on the part of patients to be mistrustful of the therapist and that reading material representing alternative treatment philosophies, for example, may increase a patient's doubts and skepticism about the therapist:

> but helping the patient to understand that there are differences of opinion is part of the job of the therapist. We must be able to admit to the patients that their illness is not black and white or devoid of treatment controversy. I recognize that some physicians do not share my philosophy and may discourage patient access to certain material because it may force the staff to work harder by working through the confusion resulting from the outside reading.[10]

The clinical impact of outside reading is not limited to issue-oriented material but may be nonetheless significant. I interviewed a middle-aged female whose work behaviors and skills were to be assessed in the patients' library under my supervision. From the referring rehabilitation counselor, I knew that in addition to being treated for chronic alcohol addiction, she bore an "undetermined" degree of guilt for the death of her mother some years ago. (The mother died as a result of an overdose of pain medication which she required as a result of serious burns. The patient had lived with her mother and had been responsible for administering the medication.) The patient's treatment, in addition to that for alcoholism, focused on relocation from her home to a cooperative living arrangement, and the return to her job of twenty-four years. She never voluntarily addressed the issue of her mother's death, but following our interview she asked, "Do you have a book here on Lizzie Borden, and wasn't she acquitted?"—a reference to the infamous Massachusetts ax murderess. In reporting this to her counselor, I discovered that it was the first indication during this hospitalization that the patient was addressing her mother's death, however indirectly.

Subjects which are thought to be "questionable" in some patient libraries include books dealing with marital problems, sex education, drug manuals, and diagnostic and research findings—some of which are donated to our library by McLean-affiliated authors. What follows is a discussion of the most frequently recommended resources on these topics.

Robert S. Weiss's *Marital Separation*[11] has been useful for many patients, not just those contemplating divorce. For patients who have been separated or divorced for many years but for whom the adjustment reaction has been unsatisfactory, *Marital Separation* provides readers

with a comprehensive outlook of the entire process, including issues dealing with children, loneliness, and the law. *Our Bodies, Ourselves,*[12] with its excellent visual aids to the text, is the most popular book in the library for the younger population. (It is also the book most frequently stolen.) Resources dealing with chemical use and abuse are sought often and, as a result, are well frayed. *The People's Pharmacy*[13] is useful as it not only discusses the use and contraindications of various substances, but also includes easy-to-understand commentaries on the broader application of drugs, including the interaction of prescription drugs with vitamins and over-the-counter remedies. For the patient concerned with child abuse, we have literature provided by the Massachusetts Society for the Prevention of Cruelty to Children, which although distributed by a local service agency, has been read by patients living outside the agency's service area.

Locally published resources provide excellent data on programs and services of interest to patients making the transition into the community, and there are similar publications in other cities. Boston-based pregnancy and abortion counseling groups provide us with their literature. The *Boston People's Yellow Pages*[14] concentrates on the immediate geographic area. It is organized by such categories as aging, disability, education, gay and lesbian issues, health, and work, and it includes the name, address and telephone numbers of each service, in addition to days and hours of service and a description of charges for services provided.

Writing a résumé is one of the most difficult tasks faced by many patients during the transition process. We see many patients who have poor, spotty or nonexistent work histories and who have no recent or local job references, and explaining these gaps becomes an important treatment issue with rehabilitation counselors. While many résumé sources still argue for the inclusion of personal data, we recommend avoiding this whenever possible. The résumé book we recommend most often is *Writing a Job-Winning Résumé.*[15] It contains samples of difficult issues, such as limited or incomplete education, lack of experience, frequent job changes, handicaps, time served in prison, etc.

For older patients, hospitalization may focus on relearning independent living skills following the death of a spouse, in addition to coping with their own aging process, independence and separation from adult children, and financial problems. *Over Fifty-Five Is Not Illegal*[16] is a fine resource dealing with such programs and resources as the Foster Grandparent Program, Senior Employment Services, educational opportunities, legal and financial assistance, medical and social

programs, as well as providing a comprehensive listing of all chapters of the Grey Panthers. Of particular interest to our clientele has been information channeled through the American Association of Retired Persons (AARP), and the hospital has joined it as an associate member to provide patients and staff alike with the monthly newsletter, which continually updates the status of legislation dealing with elderly issues, as well as reporting the many discounts available for products and services of interest to its members.

Patients who have already graduated from high school and for whom college is not indicated at this time are encouraged to seek a volunteer or paid job, often beginning prior to discharge. This is, of course, a particularly stressful endeavor requiring careful coordination, including an assessment of scheduling, public transportation, job description, skill-level suitability, required salary, on-the-job pressures, the patient's ability to work with others, etc. The anxiety often associated with job-seeking is observed in the library as patients read the appropriate (or, in some cases, inappropriate) resource material. We encourage volunteering in a setting which coincides with an expressed patient interest. The local United Way publishes an annual directory of volunteer opportunities called *Share the Time of Your Life*.[17] This includes a listing by interests, such as child care, tutoring, environment, hospitals, etc. While patients are encouraged to make inquiries and arrange appointments for interviews on their own, for those who desire the "safety" of a McLean liaison, the hospital cooperates with three volunteer agencies in the community where referrals are known to their agency head as McLean-based (although not to their coworkers, unless the patient so discloses). These placements provide us with performance feedback.

Patients are also encouraged to pursue paid employment on their own through the usual resources, making use of job listings from various sources as well as personal contacts. The library has sponsored a series of guest speakers who represent different careers; they address such issues as educational and experience prerequisites, expected salary ranges, degrees of pressure in certain positions, as well as their own company's flexibility concerning employees who may need to attend therapy during working hours. Speakers have left promotional material for the library's reference area. A result of one of these presentations is a close working relationship with a nationally known temporary employment agency to which we refer qualified, work-ready inpatients to be placed competitively with the agency's corporate clients who are unaware of the hospital affiliation of their temporary employees. As

with volunteer placements, we receive feedback on the performance of these patients through the agency. Patients can be exposed to temporary assignments which interest them enough to explore future opportunities in the field, such as manufacturing and computer science, and often begin their research using the *Dictionary of Occupational Titles.*[18] Provided that patients' work is satisfactory in the volunteer or paid setting, patients can obtain local and current work references as a result of these experiences—clearly an asset.

While reading in all these subjects is encouraged, the patients' library has an annual budget of only $700 for book purchases, including materials for staff members within the department. McLean depends on donations of used books from the community to accommodate basic reading, and concetrates funds on resource material, often specific titles suggested by the staff. As mentioned previously, McLean authors donate their books, also. When a book "mysteriously" disappears, the patient or staff member, if known, is charged for the book plus a service charge. The retrieved money, however, is not credited to the acquisitions budget, but is directed to a special hospital account unrelated to the library—which makes book replacement difficult within the budgetary limitations. In addition to staff recommendations, additional titles are sought from bibliographies from professional rehabilitation journals and newsletters. College catalogs are easily obtained and usually free. Annual post card requests are sent to admissions offices, and quarterly bulk mailings of course offerings from local adult education centers are received. There is a large map highlighting the subway routes in greater Boston which was obtained through the transportation department, and current bus and train schedules are posted and distributed upon request. The library subscribes to over fifty magazines representing a broad spectrum of interests, including *Psychology Today*, and magazine or other reference material of interest to patients can be photocopied. A list of these magazine titles is included as appendix A.

While the library staff does not seek any physician's permission regarding patient reading selections or photocopy requests, the hall staff is contacted on occasion if the material is considered to be of clinical interest. For example, a patient faced with her impending disassociation from a religious order had evidenced suicidal behavior on the hall. While in the library, she checked out Elisabeth Kübler-Ross's *On Death and Dying.*[19] The hall staff was notified and incorporated this information into their data.

Philip G. Levendusky, psychologist in charge of McLean's Behavior Therapy Unit, considers the question of reference accessibility to be

complex, although for his own unit, "no censorship would be required." For patients with a "more significant degree of psychopathology," Levendusky feels that material review "should likely be undertaken," although he suggests that "material dealing with sensitive issues [be] available in one location so that it can be more closely supervised, rather than needing to 'censor' it,"[20] a practice to which the library conforms. All of the educational and vocational reference material is shelved in one area, with the exception of those books considered most likely to "disappear" permanently; such materials are kept in the coordinator's office with access by request and may be read only in the library.

Classification of these resources, as with all books in the patients' library, is by color code. The rationale for use of color coding is based on three criteria. First, as part of the hospital's Clinical Vocational Assessment Program, some patients are referred to the library for an evaluation of work readiness prior to discharge. There are from one to six patient assistants per day who usually "work" for one hour each. To teach classification such as the Dewey Decimal system would be overly time-consuming, and would be impractical in view of a high patient turnover rate. Second, the effects of medication on some patient patrons can make locating a book difficult. Some visual impairment may affect the ability to decipher numerical codes on spine labels and the catalog cards. Finally, there can be little supervision, because the present staffing pattern consists of the patient coordinator/librarian, an assistant one full day per week, and an occasional volunteer. There is no professional librarian. The coordinator's responsibilities go beyond those involved with library administration: they include the supervision of evaluations in the library, management of the clerical training program, and the coordination of paid clerical and volunteer placements in the community.

Due to this combination of factors, the coordinator's visibility is limited, and an "honor system" for book check-out is relied on much of the time (although the coordinator is available to assist patients during part of every day). Patrons refer to a master color chart displaying the twenty-three color categories (see appendix B). Each shelf has a color designation, and each book within the classification has a corresponding ¾-inch colored sticker on the spine. Cards in the card catalog, as well as all check-out cards, are similarly coded for easy identification, location and reshelving. Cards are cross-filed by title and author, with a separate subject catalog by color designation.

Lack of staff visibility has disadvantages which go beyond the use of a color-code system, the most obvious being the absence of direct,

ongoing assistance to the clientele, particularly in the selection process. While the check-out procedure is posted at the desk, some patrons expect and require more help than is currently available. This leads to a second regrettable circumstance—theft. While some pilferage is deliberate, some results from an assumption that an implied permission exists to borrow freely if no one is present to assist or supervise.

Patient library assistants are encouraged to participate in patron assistance, which is often an important part of an evaluation of their interpersonal skills. However, the degree of patient assistants' functioning may change daily, or the assistants may not be present at all. Staff members are prohibited from delegating responsibilities to patient assistants which they could not perform themselves should the patients be absent. There is a decided need for additional staff to provide constant supervision and patron assistance.

Patient access to McLean's medical library is somewhat more limited than to the patients' library. Medical library access is available to patients with the written permission of their therapists, and while such permission is often for a specific article or journal, patients may check out a book. Some therapists frequently recommend use of the medical library, although as de Marneffe suggests, there are differences of opinion on the effects of such accessibility. Hector Bossange, director of professional libraries, notes that doctors often confer about specific patients and treatment issues within the medical library, and the risk of breaching confidentiality is too great to allow free access within the existing setting.[21]

McLean Rehabilitation Counselor Judy Taylor speaks from her own experience with patients whom she encourages to read independently, often in the patients' library:

> I would not be in favor of any kind of censorship in the patients' library, as I believe patients have a right to the same choices they would have in any library. Generally, the books patients speak to me about in our sessions, if they bring up any at all, are the ones on coping with depression, new treatments for manic-depressive illness, books such as *Moodswings,*[22] first-person accounts of coping with alcohol or drugs, etc.—in short, an attempt to get some perspective on what they themselves are facing. The effect of this reading seems to be somewhat useful or possibly neutral; but I have never observed any destructive consequences from reading a particular book or article.[23]

While it is possible to obtain everything from fairy tales to the therapeutic, toxic and lethal dosages of medications and different methods of assaultive and self-destructive behaviors, the patients' library has never received an inquiry or complaint from the professional

staff questioning the availability or consequences of material found on the shelves.

The McLean patient library and patient education program serve as a therapeutic tool which is recognized and endorsed by many therapists, if only because the staff can respond to a patient's curiosity about himself in an anonymous and nonthreatening setting, and because therapy sessions are better served dealing with the impact of material on the reader. We are successful in the educative process if, through these resources, the patient takes an active role in his or her future by exploring sensitive issues which then become part of a therapy session, a staff talk, or concrete discharge planning. If patients are capable of taking responsibility for themselves at all, and they elect to participate in overcoming what for many is fear of the unknown, then most certainly we contribute to the therapeutic and rehabilitation process.

Aside from policies, regulations and philosophies, we must remember that resourceful patients who desire certain information are going to get it one way or another, whether on the grounds, at the public library, or through friends and relatives. If we can increase the chances of patients obtaining accurate information, however technical or controversial, we are participating in the education of the consumers we serve, an essential element of the rehabilitation process. We are then in a position to encourage patients to direct their curiosity about troublesome issues within a setting where questions can be answered. De Marneffe's hypothesis for the opposing viewpoint—that the staff may have to "work harder" as a result of a patient's independent investigation—seems to be the most crucial issue with respect to illness-related information within the hospital. Rather than remain overly concerned with patients' resourcefulness and their ability to process what they read, perhaps we should be more concerned with the therapists' and treatment teams' ability to endorse, or even tolerate, outside influences on the therapeutic process.

Appendix A

Magazines Subscribed to by McLean Hospital Library

AARP Bulletin
American Film
Atlantic
Backpacker
Boston
Boy's Life
Brandeis Quarterly
Calypso Log
Consumer Reports
Cosmopolitan
Cuisine
Cousteau Society
Encounter
Esquire
Glamour
Good Housekeeping
Harper's
Harvard Magazine
House & Garden
Ladies Home Journal
Life
Mademoiselle
McCall's
Money
Ms.
National Geographic
New England Outdoors
New Republic
Newsweek
New Woman
New Yorker
People
Popular Mechanics
Progressive
Psychology Today
Redbook
Rolling Stone
Sanctuary
Saturday Review
Scientific American
Seventeen
Smithsonian
Sports Illustrated
Sport Psychology
Stereo Review
Time
U.S. News & World Report
Vogue
Washington Journalism Review
Women's Work
Working Woman
Yankee

Appendix B

Color Code Classification Used in McLean Hospital Library

Color Code	Designation
White on orange*	Religion and philosophy
Red on green	Sociology, anthropology and politics
Blue	History
Yellow	Fiction
Black	Mystery
White on purple	Science fiction
Green on red	Short stories
Blue on white	Literary criticism
Yellow on pink	Poetry
Orange	Drama and film
Green on yellow	Cookbooks
Yellow on blue	Games
Blue on green	Sports
Pink	Humor
Red on black	Children's
Yellow on purple	Biography and autobiography
Green on white	Art
Green	Education
Green on orange	Music
White on black	Psychology and psychiatry
Red on yellow	Natural science
White on blue	Crafts
Red	Schools and careers
White	Reference

*"White on orange" indicates that a smaller colored sticker is placed in the center of a contrasting colored sticker.

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Bibliotherapy in Practice

HELEN ELSER

I WOULD LIKE TO SHARE the results of experience gained in a patients' library program centered around the concept of bibliotherapy—the use of selected reading materials as a therapeutic tool. This particular program at Danvers State Hospital in Massachusetts, as far as I know, is the only such patients' library partially funded by federal funds distributed through the state Division of Library Extension. This does not mean such a library would not be possible under other arrangements. Indeed, a cooperative effort with groups such as the local public library, a college library interested in mental health, nursing homes dealing with deinstitutionalized mental patients, and community mental health centers could aid in the development of a bibliotherapy program. At this time, when patients are being released into the community in great numbers, it would seem most appropriate to promote such liaisons with community facilities. No one should be discouraged from beginning a bibliotherapy program because of lack of funds. A modest program could be started with a small amount of money. If there are funds for a more elaborate program, an effort should be made to have the patients enjoy a library with books, journals and other materials specifically chosen for their application to the bibliotherapy program, staffed by a permanent full-time librarian, and available to all the patients in the hospital.

Helen Elser is retired Medical Librarian and Supervisor of the Frances Linehan Memorial Library, Danvers State Hospital, Hathorne, Massachusetts.

This paper will not go into the theory and historical background of bibliotherapy, nor its various classifications and definitions. For those interested in reading along those lines, I would highly recommend two new books by Rhea Joyce Rubin[1] and an older book by Eleanor Frances Brown[2] as well as the October 1962 issue of *Library Trends*[3] devoted to bibliotherapy. Instead, I will talk about my experiences in the field for fifteen years.

Because of my interest in bibliotherapy, I applied for, and received in 1976, a $20,000 Title I grant from the Massachusetts Bureau of Library Extension. The purpose of the grant was to expand the patients' library at Danvers into a model program for a state hospital where bibliotherapy would be an important part of the total patients' library program. Under the terms of the grant, the hospital administration was to provide one additional permanent full-time position in the patients' library and a mental health assistant one day a week on each unit to work with library programs. My position became supervisor of both the medical and patients' libraries.

Bibliotherapy in a Mental Hospital Setting

The head of the occupational therapy department and I started holding bibliotherapy sessions in 1965. We found it desirable to develop our own resource material, mainly because we found that much of the material listed as suitable for use with mental patients was much too lengthy, and proved to be far beyond our patients' intellectual as well as emotional capabilities. The attention span of most of the patients is very limited, and any chosen work has to be very brief. Poems such as Robert Frost's "The Road not Taken" (20 lines) and "Lodger" (6 lines), and "I'm Nobody, Who are You" (4 lines) by Emily Dickinson are examples of poems we used successfully. These poems are simple, easy to understand, elicit many different interpretations and feelings, and express emotions the patients can relate to. A large state mental hospital provides a rather unusual setting, by its very nature a rather negative environment, and the population is quite unlike that of most psychiatric units in veterans' hospitals and that of private psychiatric hospitals.

All mental patients, sooner or later during their hospital course, are given diagnostic labels. Because the labeling is such a pervasive part of the patient's hospitalization as well as the patient-staff relationship, it is very important that the bibliotherapist try to remain apart from this practice. He/she should make a special effort to personalize the relationship with the group members, to come to know them as individuals, and to try not to make judgments based only on case histories.

Bibliotherapy with a group of chronic institutionalized patients concentrates primarily on improving the quality of their lives. Any other goal would really be quite unrealistic, considering their length of hospitalization and degree of deterioration. Very simple poems, such as those found in the magazine *Ideals*,[4] are good. For example, we used one called "Coloring the Margarzine" which described the time when margarzine was snow-white and came with a little red button of coloring material that had to be mixed in. This poem elicited many similar reminiscences and, for a while, there was laughter and sharing of an earlier and happier time of life for them.

I have often overheard the patients speak of "their group" with some trace of pride and self-importance in their voice. The members of the group share some common thread in their backgrounds that can be used to draw them together. By consulting their case histories, one would find something the members had in common, such as once living on a farm, coming from the same or adjoining towns, being of the same ethnic descent, being the same age, or remembering similar interests in their younger years. We always made sure they greeted each other by name and shook hands, and that any similarities of background were brought out to foster group interaction.

Some mental health personnel have established what are called "therapeutic communities" on hospital wards. One of the aspects of such a community is that the patients work together for a common goal. Mental patients do not cooperate easily in this way. Most patients remain apart and isolated from each other, even on a crowded ward. In bibliotherapy groups, they individually might attempt to get the leader's attention, but conversational repartee with each other is seldom seen.

The Librarian as Bibliotherapist

The librarian/bibliotherapist and his/her sessions in the library can provide a respite, an oasis from ward turmoil and routine. The library provides a link with the community from which the patient came and to which, it is hoped, he/she will return.

It is of paramount importance that all bibliotherapy sessions be held in the library and not on the ward. Meeting on the ward proved a dismal failure because of constant interruptions, unpleasant physical surroundings, and mainly because of the difference in the patients' behavior in a ward setting. We found patients responded appropriately to the atmosphere of the library and were able to repress much of their

abnormal behavior in contrast to their "acting out" on the ward. Patients generally have much more control of their behavior than they are given credit for. Paranoid patients, for example, learn very quickly that once they are discharged from the hospital they had better keep quiet about their paranoid ideas, because verbalization of these ideas will usually mean a return to the hospital. We also found that patients taken on outings outside the hospital are often able to behave according to the circumstances in which they find themselves. Even patients who hallucinate and talk back to imaginary voices in the hospital will remark, when cautioned about this, "My goodness, you don't hallucinate on a public bus."

From observation of people attempting bibliotherapy groups, two qualities stand out; without either one of these, any success in really helping people with their problems is at best very superficial. First and foremost, you must really value people as individuals and as human beings, with the result that you feel strongly motivated to help them. It is surprising how many people form groups for all the wrong reasons—prestige, to please or impress someone in authority, or because it is expected in their job descriptions. Patients intuitively know whether or not the therapist is genuinely interested in them. Taking on a group implies a serious responsibility on the part of the therapist. There is a commitment not only to the routine of having a group (preparing the proper setting, preparing the materials, recording group statistics, etc.), but especially to maintaining the trust and reliance that the group members, it is hoped, come to have in the therapist. You want to avoid adding yet another disappointment in interpersonal relationships to their long list of previous failures. If the bibliotherapist is genuinely interested and motivated, the patients will sense this and appreciate his or her efforts on their behalf, and this will help overcome any defficiencies in technique.

The second essential quality is the ability to communicate. People in general tend to evaluate statements made by others from their own frame of reference. To use a very simple example: if a group is forming and one of the patients should announce with some feeling that the library is filthy and he is not going to stay, the bibliotherapist would not respond by becoming defensive about the library, but instead realize that the patient is ill at ease about being there—probably overcome with anxiety about attending the group if it is his first time. The response, "You feel uncomfortable being here," should show understanding and concern for his feelings. Mental patients often say things that, if taken at face value, would put one immediately on the defensive. It is necessary

to listen with understanding to see what lies behind the statements, to see their point of view, to imagine how it feels to be in their position.

Another aspect of the communication skills necessary is the ability to read nonverbal clues. For example, a depressed patient may verbalize that he feels fine. On observation, you may see a patient whose facial tone is slack and dejected, whose movements are slowed and restricted, who might remain in the same position for long periods of time, physically slumps, and responds to questions as if all speech were a burden and a chore. Obviously, these nonverbal clues point to a possibly dangerously depressed person. Your ability to sense this will enable you to alert the staff.

Types of Bibliotherapy Groups

Because different ages and categories of patients respond to very different kinds of approaches and techniques, we found it best to divide our groups into sessions for schizophrenic, geriatric and adolescent patients. Each group consisted of from five to eight patients and included both sexes. Groups met twice weekly as a rule, and each session lasted approximately one hour.

There are certain basic personality traits one finds in patients with a schizophrenic illness. First and foremost, the problem of loneliness and alienation is at the heart of schizophrenia. Usually the loneliness and isolation were present long before the patient became psychotic. Some therapists have greater success than others in dealing with this group, and I believe one really must want to work with these people to be successful in helping them. There are other characteristics which should be of interest to the bibliotherapist. Schizophrenic patients have a great anxiety about closeness or touching. This is in contrast to other groups, where physical contact is deliberately sought. Schizophrenic patients display an ambivalence about practically everything. They can become almost immobilized as a result of any indecision. Their indecision also affects their group attendance—a conflict between a desire to join the group and the wish for social withdrawal. They tend to display a single-mindedness about their particular beliefs. A therapist will have to be on guard less he/she find the therapist/patient roles reversed. An intelligent, well-educated patient can be very convincing when espousing a philosophical view or religious belief. The therapist sometimes has to remind himself or herself who the patient is.

I hope it is understood that bibliotherapy is not possible with frankly psychotic patients whose behavior is too disruptive to handle in

a group setting. No one can lead a discussion when someone in the group is shouting, or arguing, or pacing up and down, or "acting out" in general. Should such behavior suddenly erupt during a session, it is best to call the ward attendant and have the patient returned to the hospital unit. To talk calmly and sensibly to such patients requires special skills, and is more likely to succeed on an individual basis.

With all patients, but particularly with schizophrenic patients, it is important to build trust and confidence by being sincere and honest, by maintaining your commitments to the group, by avoiding what is referred to as a "double-bind" type of communication. If some of their behavior makes you anxious or fearful, share this with them. They will appreciate your honesty, because they will have become aware of your feelings, anyway. I think it is vitally important to these patients, especially since they will have to deal with people in the community on their release, to know how their behavior affects their relationships with other people. This is not to say they will modify their behavior, but at least they will come to appreciate and understand other peoples' reactions to them. Biographies and autobiographies of individuals who also felt alienated are helpful to patients. We used excerpts from Perle Epstein's book *Individuals All,*[5] which includes biographies of Thoreau, Dickinson and Whitman. In groups where sports were of interest, we used biographies of sports figures such as *Fear Strikes Out,*[6] the story of Jim Piersall's (the Boston baseball player) mental illness. For adolescent groups we used biographies of rock stars. With the doctors' approval, we even used *I Never Promised You a Rose Garden,*[7] the story of a woman's schizophrenic illness, for certain patients. We used psychodrama with some success to deal with the issues of how, by their behavior, the patient may generate fear, hostility and anxiety in the community. It also proved very useful in discussing job interview situations, dating behavior, dressing appropriately, and many other social situations.

Most of the geriatric groups we conducted were made up of patients who were being readied to leave the hospital as a result of the current mandate to release patients. Some had been hospitalized practically all their adult lives, some were institutionalized (in all implications of that word), some were "burnt-out" schizophrenics, some were former alcoholics, and a few were mentally deficient as well as psychotic. Most of them were past being acutely psychotic, but had many residual mental symptoms. They all had in common a great deal of fear and anxiety about leaving the hospital, the only home most of them had known. Our bibliotherapy groups had the express purpose of relieving some of

this anxiety and trying to improve the quality of the patients' lives wherever they might move—to nursing homes, other hospitals or into the community.

In my geriatic groups I used a great deal of touching and many remotivation techniques. Touch, after all, is a basic method of communication, more poweful and more honest than words. I found that just holding the hands of someone in the group who was upset would help to calm and quiet them. We sat in a very close circle, which made touching easy, and also made it easier for patients to keep their attention on what was being said. Calling them by name, introducing them to each other, shaking hands, finding something to compliment them about—a neat, clean appearance, an attractive hairdo, etc., also helps in working with geriatric patients. Recorded material—music, talking books, etc.—are not useful unless the goal is to put them to sleep. Telling a story or creating a poem in the bibliotherapist's own words, so the group can watch his/her face and see the feelings generated by the material reflected there—this is what works best. The bibliotherapist should wear bright, attractive clothing, be enthusiastic, and show that he/she is happy to be with them. It is also helpful with this type of group to have a little warm-up exercise, even if it is just moving arms or legs to music at the beginning of the session. They have a tendency to escape into sleep, and the medication most of these older patients take also makes them sleepy. The brief activity helps to keep them alert. (Sleepiness proved to be such a problem that we did a whole session on the subject of sleep—what it meant to them, as well as human and animal patterns of sleep.)

In our special group of patients about to be moved to other hospitals, nursing homes, or community settings, we held a series of discussions about the hospital as they remembered it in the old custodial system, when the superintendent was considered "big daddy." Most of these older patients knew the superintendent personally, and upon his arrival in the morning, he had quite a waiting line of patients to greet him and talk to him about their specific problems. Through our discussion sessions, the patients were able to see that the hospital as they had known it was gone, and that the coming changes might be to their benefit. In some cases we were able to inform them that there would be bibliotherapy groups in the nursing homes for them to attend. For material we used current articles from newspapers regarding community centers, community support (or lack of it), and the whole changing mental health picture and what it might mean to them. All of these long-term, older patients had much to contribute to these discussions

about the hospital. The staff became very interested in their early reminiscences about the hospital and feelings about leaving their home.

The whole series was very successful. It enhanced the patient's self-esteem to feel that he/she had something to contribute that was interesting and valuable to other people. Like everyone, these patients needed to feel they were still useful members of society. We even tape-recorded some of their memories, and made the tapes part of the hospital history collection.

A very different group was the adolescents. At the hospital there was a special unit made up of adolescents who would ordinarily have been sent to a state hospital for the criminally insane for lack of a more suitable setting. This ward was experimental and was used to avoid the practice of confining adolescent delinquents with hardened criminals. It was a closed ward, and the ratio of attendants to patients was high.

At first we had quite a problem establishing any kind of rapport with these young people. Most of them demonstratd a lot of delinquent behavior, and tended to act out in a very hostile way. Like most adolescents, they resented authority figures, and tended to ridicule efforts to hold a bibliotherapy group. We found, however, that they had one love in common, and that was music—usually rock and roll. We finally formed a very successful group using this music as our bibliotherapy discussion material. Together we explored the lives of some of the rock and roll heroes, and surprisingly found that some of these stars had backgrounds similar to those of our patients. Some of the lyrics provided amazingly appropriate material for discussion. For example, many fruitful meetings were built around the lyrics to "I Am A Rock" by Simon and Garfunkel:

A Winter's day
In a deep and dark December
I am alone
Gazing from my window
To the streets below
On a freshly fallen, silent, shrouded snow
I am a rock, I am an island

I've seen walls
A fortress steep and mighty
That none may penetrate
I have no need of friendship
Friendship causes pain
It's laughter and it's loving I disdain
I am a rock, I am an island

Don't talk of love, well
I've heard the word before
It's sleeping in my memory
I won't disturb the slumber
Of feelings that have died
If I never loved, I never would have cried
I am a rock, I am a island

I have my books
And my poetry to protect me
I am shielded in my armor
Hiding in my room
Safe within my room
I touch no one and no one touches me
I am a rock, I am an island

And the rock feels no pain
And an island never cries.[8]

I think these words speak to all of us, and to those young people who came from emotionally impoverished backgrounds, the words were especially poignant. Not all of them were able to verbalize their feelings. Some were encouraged to sketch or draw images the words evoked, and this was useful as a nonverbal form of communication, just as important as gestures, posture, facial expression, or tone of voice. The patients were then encouraged to discover for themselves the meaning of their drawings.

We also found psychodrama combined with bibliotherapy helpful with this group. We tried the technique of role reversal to enable them to see their behavior from the receiving end. For example, in a father-son conflict, the patient would play the father and an attendant, the son. Also, just as we did with the schizophrenic patients, psychodrama was adapted as a way of developing social skills. A very practical application, and one in which all these young people were interested, was the development of a repertoire which would result in getting a date and behaving adequately.

Bibliotherapy Material

I have deliberately not been very specific about materials used for various groups, because I find this a very personal matter. I have often, on request, recommended a particular poem or story that has proven helpful to me, only to discover it did not work well for someone else. My guiding principle in selecting material is, first of all, does it address whatever goal I have in mind for the group? and, second, do I like it

enough to be enthusiastic about presenting it to others? I feel each bibliotherapist has to develop his/her own resource material.

Much of the literature recommended for bibliotherapy use we found to be beyond the comprehension of these patients, and always much too lengthy. It takes extensive personal involvement by the therapist to keep patients' attention. Short poems, such as those found in anthologies of old-time familiar poetry, were well received and patients could relate to them easily. Any nostalgic type of poem or story, provided it was very short, was good, and invariably stirred some faraway memory of their earlier, pre-hospital days.

Another area of concern is the whole issue of psychotropic medications. A large majority of patients, once discharged, stop taking their prescribed drugs without consulting anyone. It is possible to deal with this in the bibliotherapy setting. The hospital pharmacist can be invited to participate, and information and literature can be made available. The soon-to-be-discharged patient can be made aware of the importance of being in touch with the signs and symptoms of impending illness—such as sleeplessness, anxiety, hostility, deterioration of personal hygiene, etc.—in time to forestall a full-blown psychosis, just as someone with a physical illness stays alert for physical symptoms that indicate it is time to consult a physician. It seems very practical to spend time on these aspects which will determine whether the patient is going to be able to live in the community or will have to remain hospitalized. In the past it was not considered desirable to discuss medication problems with the patient, but now, when in some cases the patient has a right to refuse medication, it becomes doubly important that the patient know what is involved. Most hospitals have a medical library which can be a fruitful source of material for the bibliotherapist. Every patient has a curiosity about his or her illness. Just as many general hospitals have patient education programs so that their patients can learn how to live with diabetes, heart disease, etc., so mental patients can also profit from the same type of education, and these programs are being established.

Training for Bibliotherapy

As far as I know, there are no training programs for bibliotherapists in Massachusetts. Indeed, superintendents and mental health professionals, as well as local librarians, were usually unfamiliar with the term, many associating it with some kind of bible-study group. Among state hospital librarians, there was more exposure to literature about bibliotherapy, and those of us who were interested read all we could

about it and educated ourselves. We, in turn, introduced and explained the concept to our superintendents and other hospital staff. Those librarians who formed patient groups and developed a technique did so because of a strong desire to become more involved with patients in a helping relationship, as well as a belief in the influence of literature on people's lives.

Currently, however, there is a growing concern here in Massachusetts about all forms of psychotherapy. Everyone is jumping on the therapy bandwagon, and there is an ever-expanding list of kinds of therapy offered by a variety of people, some trained and some just self-appointed. So many therapies are offered that soon there will have to be some sort of control, supervision and proof of effectiveness of these different techniques (including bibliotherapy) and of the people who use them. It has been suggested that librarians who are untrained and inexperienced but who want to become involved in bibliotherapy refrain from calling themselves "therapists" conducting "bibliotherapy," but instead conduct a "library hour" until they have gained knowledge and experience or completed a recognized training program. There is such a program at St. Elizabeth's Hospital in Washington, D.C.

Looking to the Future

In Massachusetts, deinstitutionalization and the development of community facilities for the mentally ill have taken place simultaneously, with controversial results. Mental patients have been sent into communities that were not prepared to receive them and had little understanding of how to respond to them. With many former mental patients now visiting local libraries, many doing this as a result of favorable experience with the library within the institution, this seems an opportune time to develop some sort of cooperative effort with community libraries. The goal would be to make the transition period easier not only for the ex-patients, but also for the community receiving them.

We found the local public library very interested in our bibliotherapy program. They are one of the few public libraries actually doing work in bibliotherapy and conducting groups for children. They were most cooperative in other ways as well—welcoming visits by our patients, supplying needed materials, and sharing their music collections. Some of the hospital patients proved very talented artistically, and the local library welcomed paintings and sketches as a part of their art rental program. All the paintings were displayed in the library. These

were enventually sold, and the patients received money, but more importantly, they gained self-confidence with the realization that others liked their paintings enough to display them in their homes. Local library pesonnel were interested in attending our bibliotherapy sessions; unfortunately, we were not able to receive permission to allow this, as it was considered a violation of the patients' right to privacy. I retired before this kind of mutual interest could be developed, but a growing cooperation between the hospital and the local library to foster mental health education for the general public is another desirable goal. As more and more patients are discharged into the community and share community resources, this need will become more urgent.

Nursing homes are fast becoming the new institutions for the mentally ill. When and if bibliotherapy becomes recognized as a legitimate therapy with licensed therapists, bibliotherapists could be hired to work in nursing homes and community mental health centers, just as other therapists are now. However, the prospects are not bright. As state hospitals close or are phased out, institutional libraries will disappear, and along with them, the very few librarians who are knowledgeable and interested in bibliotherapy.

It would seem that public libraries will be the environment in which bibliotherapy will develop in the future. The factor contributing most to this development will be the need to deal with, and to understand, the new neighbor in our midst—the ex-mental patient.

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Library Trends

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SUMMER 1981—SPRING 1982

Index to Volume 30

Prepared by: MARY KELLY BLACK

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Partial List of Library Trends Issues in Print*

				Title	*Editor*	*Date*
V.	11	N.	1	Library Boards	J. Archer Eggen	July 1962
	11		2	Bibliotherapy	Ruth M. Tews	Oct. 1962
	11		3	Law Libraries	Bernita J. Davies	Jan. 1963
	11		4	Financial Administration of Libraries	Ralph H. Parker Paxton P. Price	April 1963
V.	12	N.	1	Public Library Service to Children	Winifred C. Ladley	July 1963
	12		2	Education for Librarianship Abroad in Selected Countries	Harold Lancour J. Clement Harrison	Oct. 1963
	12		3	Current Trends in Reference Services	Margaret Knox Goggin	Jan. 1964
	12		4	European University Libraries: Current Status and Developments	Robert Vosper	April 1964
V.	13	N.	1	Research Methods in Librarianship	Guy Garrison	July 1964
	13		2	State and Local History in Libraries	Clyde Walton	Oct. 1964
	13		3	Regional Public Library Systems	Hannis S. Smith	Jan. 1965
	13		4	Library Furniture and Furnishings	Frazer G. Poole	April 1965
V	14	N.	1	Metropolitan Public Library Problems Around the World	H C. Campbell	July 1965
	14		2	Junior College Libraries	Charles L. Trinkner	Oct. 1965
	14		3	Library Service to Industry	Katharine G. Harris Eugene B. Jackson	Jan. 1966
	14		4	Current Trends in Branch Libraries	Andrew Geddes	April 1966
V.	15	N.	1	Government Publications	Thomas S. Shaw	July 1966
	15		2	Collection Development in University Libraries	Jerrold Orne	Oct. 1966
†	15		3	Bibliography: Current State and Future Trends. Part 1	Robert B. Downs Frances B. Jenkins	Jan. 1967
†	15		4	Bibliography: Current State and Future Trends. Part 2	Robert B. Downs Frances B. Jenkins	April 1967
V.	16	N.	1	Cooperative and Centralized Cataloging	Esther J. Piercy Robert L. Talmadge	July 1967
	16		2	Library Uses of the New Media of Communication	C. Walter Stone	Oct. 1967
	16		3	Abstracting Services	Foster E. Mohrhardt	Jan. 1968
	16		4	School Library Services and Administration at the School District Level	Sara K. Srygley	April 1968
V.	17	N.	1	Group Services in Public Libraries	Grace T. Stevenson	July 1968
	17		2	Young Adult Service in the Public Library	Audrey Biel	Oct. 1968
	17		3	Development in National Documentation and Information Services	H.C. Campbell	Jan. 1969
	17		4	The Changing Nature of the School Library	Mae Graham	April 1969
V.	18	N.	1	Trends in College Librarianship	H Vail Deale	July 1969
	18		2	University Library Buildings	David C. Weber	Oct. 1969
	18		3	Problems of Acquisition for Research Libraries	Rolland E. Stevens	Jan. 1970
	18		4	Issues and Problems in Designing a National Program of Library Automation	Henry J. Dubester	April 1970
V.	19	N.	1	Intellectual Freedom	Everett T. Moore	July 1970
	19		2	State and Federal Legislation for Libraries	Alex Ladenson	Oct. 1970
	19		3	Book Storage	Mary B. Cassata	Jan. 1971
	19		4	New Dimensions in Educational Technology for Multi-Media Centers	Philip Lewis	April 1971
V.	20	N.	1	Personnel Development and Continuing Education in Libraries	Elizabeth W. Stone	July 1971
	20		2	Library Programs and Services to the Disadvantaged	Helen H. Lyman	Oct. 1971
	20		3	The Influence of American Librarianship Abroad	Cecil K. Byrd	Jan. 1972
	20		4	Current Trends in Urban Main Libraries	Larry Earl Bone	April 1972
V.	21	N.	1	Trends in Archival and Reference Collections of Recorded Sound	Gordon Stevenson	July 1972
	21		2	Standards for Libraries	Felix E. Hirsch	Oct. 1972
	21		3	Library Services to the Aging	Eleanor Phinney	Jan. 1973
	21		4	Systems Design and Analysis for Libraries	F. Wilfrid Lancaster	April 1973
V.	22	N.	1	Analyses of Bibliographies	H.R. Simon	July 1973
	22		2	Research in the Fields of Reading and Communication	Alice Lohrer	Oct. 1973
	22		3	Evaluation of Library Services	Sarah Reed	Jan. 1974
	22		4	Science Materials for Children and Young People	George S. Bonn	April 1974

Partial List of Library Trends Issues in Print*

			Title	Editor	Date
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23		2	Library Services in Metropolitan Areas	William S. Budington	Oct. 1974
23		3	Music and Fine Arts in the General Library	Guy A. Marco Wolfgang M. Freitag	Jan. 1975
23		4	Resource Allocation in Library Management	H. William Axford	April 1975
V. 24	N. 1		Federal Aid to Libraries	Genevieve M. Casey	July 1975
24		2	Library Cooperation	Pearce S. Grove	Oct. 1975
24		3	Community Analysis and Libraries	Larry Earl Bone	Jan. 1976
24		4	Commercial Library Supply Houses	Harold Roth	April 1976
V. † 25	N. 1		American Library History: 1876-1976	Howard W. Winger	July 1976
25		2	Employee Organizations and Collective Bargaining in Libraries	Margaret A. Chaplan Mary Ellen Soper	Oct. 1976
25		3	Trends in Bibliographic Control: International Issues	Benjamin F. Page	Jan. 1977
25		4	Trends in the Scholarly Use of Library Resources	D.W. Krummel	April 1977
V. 26	N. 1		Library Services to Correctional Facilities	Jane Pool	Sum. 1977
26		2	Trends in the Governance of Libraries	F. William Summers	Fall 1977
26		3	Institution Libraries	Harris C. McClaskey	Win. 1978
26		4	Publishing in the Third World	Philip G. Altbach Keith Smith	Sprg. 1978
V. 27	N. 1		Films in Public Libraries		Sum. 1978
27		2	State Library Development Agencies	John A. McCrossan	Fall 1978
27		3	Libraries and Society	Phyllis Dain Margaret F. Stieg	Win. 1979
27		4	Study and Collecting of Historical Children's Books	Selma K. Richardson	Sprg. 1979
V. 28	N. 1		Economics of Academic Libraries	Allen Kent Jacob Cohen K. Leon Montgomery	Sum. 1979
28		2	Emerging Patterns of Community Service	Margaret Monroe Kathleen M. Heim	Fall 1979
28		3	Library Consultants	Ellsworth E. Mason	Win. 1980
28		4	Current Trends in Rural Public Library Service	John M. Houlahan	Sprg. 1980
V. 29	N. 1		Current Library Use Instruction	A.P. Marshall	Sum. 1980
		2	Library Services to Ethnocultural Minorities	Leonard Wertheimer	Fall 1980
		3	Map Librarianship and Map Collections	Mary Lynette Larsgaard	Win. 1981
		4	Public Lending Right	Perry D. Morrison	Sprg. 1981
V. 30	N. 1		Bibliometrics	William Gray Potter	Sum. 1981
		2	Conservation of Library Materials	Gerald Lundeen	Fall 1981
		3	Data Libraries for the Social Sciences	Kathleen M. Heim	Win. 1982
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Winter 1983, *Current Trends in Reference Services*. Editor: Bernard Vavrek, Professor, School of Library Science, Clarion State College, Clarion, Pennsylvania.

Spring 1983, *Adult Learners, Learning and Public Libraries*. Editor: Elizabeth J. Burge, Department of Adult Education, Ontario Institute for Studies in Education, Toronto.